

Buckhead Collision

“An Atlanta Tradition”

Authorization & Payment Policy

I, the undersigned, hereby authorize Buckhead Collision and its employees to repair my vehicle, to drive my vehicle for the purpose to testing or inspection.

I understand that an express mechanic's lien is acknowledged on the vehicle to secure the amount of repair thereto.

I understand that Buckhead Collision will **not** be held responsible of theft of vehicle or missing articles left in the vehicle. Please remove all items from your vehicle before we start repairs. We are not responsible for damages related to acts of God {hail, etc.}

I understand if repairs are not done by the shop, there will be an admin fee of \$150.00, outside storage fees of \$40, per day/inside storage fees of \$175, and applicable tear down fees.

I am responsible for payment in full for the repairs of my vehicle, either before or after completion of work. It is my responsibility to receive payment from the Insurance company or from the party who is paying for the repairs.

Buckhead Collision is unable to release any vehicle without full payment.

Payment Options: Insurance check endorsed over to Buckhead Collision, Cash, major Credit Cards, personal check

I authorize the insurance company to pay Buckhead Collision direct for all supplement and original repairs. I

Authorize Buckhead Collision to endorse my name to any Insurance checks received for payment to repairs.

Name _____ Work phone _____ Cell _____

Address _____

Signature _____ Email _____

Date _____ Make _____ Model _____ Year _____

Color _____

Claim number _____ Insurance Company _____

Comments _____

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