

May. 6. 2010. 3:29PM  
Attn: [unclear]

DARCARS COLLISION CENTER

No. 6132-CP. 18 1052

**DARCARS COLLISION CENTER  
AUTHORIZATION / INFORMATION**

Welcome to the **DARCARS COLLISION CENTER**. We appreciate the opportunity to serve your automotive needs. It is our pleasure to provide our customers with a service experience that consistently satisfies their needs and exceeds their expectations.

In order that we may expedite the repairs to your vehicle, it is necessary that you understand and acknowledge the following procedures

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I, \_\_\_\_\_, hereby authorize repairs to my \_\_\_\_\_  
(Customer)

\_\_\_\_\_ along with necessary parts and materials. I authorize **DARCARS** and  
(Yr - Make - Model)  
their employees to operate my vehicle herein described for the purpose of testing and/or inspecting the vehicle. An express mechanic's lien is hereby acknowledged on this vehicle to secure the amount of repairs thereto. Upon notification of completion of repairs, I understand that my vehicle must be picked up within three (3) days or I may incur a storage charge of \$25.00 per day. In order that a trained Quality Control person may deliver your vehicle back to you, please arrange to pick up your vehicle between the hours of 8:30 AM - 6:00 PM (Monday - Friday) and 9:00 AM - 12:00 PM (Saturday).

Even though your repair may be covered by an insurance company, you are ultimately responsible for the cost of repairs and arrangement for payment in full must be made prior to the completion and release of your vehicle. Should an insurance company provide you with a co-payable check, please be sure to obtain endorsements by necessary parties prior to picking up your vehicle.

**DARCARS Collision Center** has provided you with an estimate of repair(s) that includes parts, labor, and materials. It is possible that upon further inspection, additional parts or repairs may be necessary. **DARCARS** will be pleased to contact the insurance company involved on your behalf. Should there not be an insurance company involved, **DARCARS** will contact you for additional authorization. Due to unforeseen circumstances in the repairing and painting of cars and trucks, **DARCARS** can only estimate, not promise, a completion time.

Due to insurance regulations, **DARCARS** cannot be responsible for loss or damage in case of fire, theft, or any cause beyond our control.

All repairs performed by **DARCARS Collision Center** will be warranted for twelve (12) months from date of invoice.

Again, thank you for choosing **DARCARS Collision Center** for your automotive repairs.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

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**POWER OF ATTORNEY  
DARCARS FORD - DARCARS KIA**

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Repair Order # \_\_\_\_\_

Claim # \_\_\_\_\_

FAX to - 240 296-4925

## CUSTOMER INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CUSTOMER CONTACT INFORMATION

PRIMARY PHONE: \_\_\_\_\_

SECONDARY PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## INSURANCE INFORMATION

INSURANCE: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

# DARCARS COLLISION CENTER

I understand that by signing this document Darcars Collision Center  
Will be repairing my vehicle per the Geico's estimate written by the  
appraiser. This is an authorization to repair my vehicle.

Customer signature \_\_\_\_\_