

Windus Auto Collision

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

EMAIL: _____

I warrant and represent that I am the owner of the above-described vehicle (hereinafter "the vehicle") or an authorized agent of the owner and that Windus Auto Collision is authorized to repair the vehicle and provide the necessary services, part, and materials needed for the repair. I further authorize Windus Auto Collision employees to operate the vehicle on streets and elsewhere for the purpose of testing and/or inspection. I acknowledge and understand that Windus Auto Collision will have an express mechanics lien on and a security interest in the vehicle until such time as all indebtedness is paid in full. I further agree that Windus Auto Collision shall not be responsible for loss or damage to articles left in the vehicle in case of fire, theft or any other cause. I further authorize Windus Auto Collision to be my representative to negotiate with any insurance company/representative regarding the restoration of the vehicle to pre-accident condition and value. Windus Auto Collision is authorized to endorse drafts from insurance company securing payment.

Authorized Signature: _____ Date: _____

NOTICE PURSUANT TO SECTION 70.001, TEXAS PROPERTY CODE

Customer understands that this vehicle is subject to repossession in accordance with Section 9.609, Texas Business & Commerce Code, if a written order of payment for repairs of the vehicle is stopped, or dishonored because of insufficient funds, no funds, or because the drawer or maker of the order has no account or the account on which it is drawn has been closed.

Authorized Signature: _____ Date: _____

WE ACCEPT



Please keep in mind that any charges over \$1500.00 will incur a 3% processing fee.

***American Express will incur a 4% fee.**

Thank you for your patronage and trust! 32 years and counting.