



Germain
Honda of Dublin

REPAIR AUTHORIZATION

I hereby authorize this Germain Honda of Dublin Auto Body to make necessary repairs in accordance with its written estimate or that written by the insurance company referenced above. The estimate of repairs includes parts, labor and diagnosis. Parts prices quoted are current, but are subject to change upon notice by manufacturer. If upon further inspection additional parts and/or repairs are needed, I will be contacted for authorization.

I hereby authorize employees of the repair shop to operate my vehicle for the purpose of testing, inspection or delivery.

I understand that it is my responsibility to remove personal belongings from my vehicle prior to repairs, and I will not hold the repair shop or its employees responsible for loss or damage to the vehicle or articles of personal property left in the vehicle, regardless of value, in case of fire, theft, accident or any other cause. .

I authorize Germain Honda of Dublin Auto Body to disassemble my vehicle for the purpose of inspecting the vehicle for hidden damage in order to conduct a complete estimate.

I understand that if a third party provides a replacement vehicle, Germain Honda of Dublin Auto Body is not responsible for costs, damage, or any liability.

The estimated date of completion is dependent upon additional parts or repairs are needed. You will be notified of changes to the estimated completion date.

I acknowledge that if I elect to alter or cancel repairs, I am responsible for any restocking fees or cost of parts that cannot be returned.

Power of Attorney: I authorize and appoint Germain Honda of Dublin my attorney-in-fact, to endorse my name and cash insurance checks payable to me for this repair.

• PAYMENT AUTHORIZATION

I hereby authorize any and all insurance payments and supplements for repairs made to my vehicle to be paid directly to the repair shop. I do hereby appoint the repair shop as my attorney in fact to accept on my behalf any and all checks, drafts or bills of exchange and to endorse all such checks, drafts or bills for deposit as credit on my account for repairs on my vehicle. I understand that I am responsible for any deductible, adjustment for depreciation and/or betterment amounts or failure of my insurance company to pay other labor, part or material costs necessary to restore my vehicle to its pre-accident condition as required by state law. Unless other arrangements are made, the total amount of the repair charges must be paid in full before the vehicle will be released for delivery. Vehicle owner will be responsible for any attorney and court fees related to collection efforts.

Printed Name of Vehicle Owner

Signature of Vehicle Owner

Date