

AR AUTO CLUB

19342 HUFSMITH KOHRVILLE RD
HOUSTON TX 77375

NAME OF INSURED _____

YEAR & MAKE OF VEHICLE _____

VIN _____

INSURANCE CO. CLAIM NUMBER _____

1) **AUTHORIZATION TO REPAIR & COLLECT PAYMENTS** I authorize AR AUTO CLUB to repair the vehicle noted above, at their posted labor rates, including the repair of any additional/hidden damage they may find during the repair process. On my behalf, AR AUTO CLUB will collect, deposit, and endorse my name for any and all insurance/third party payments made as a result of my loss. I understand that AR AUTO CLUB will follow the OEM repair procedures to ensure a quality repair, backed by a written lifetime guarantee. All services will follow strict, mandated repair procedures per OEM, or I-CAR, standards when OEM standards are not available. In the interest of performing a safe and quality repair, some differences may exist between AR AUTO CLUB exact repair process and my insurance company's estimates as a result of labor rate deficiencies, insufficient labor hours and/or necessary procedures not covered by my insurance company. All parts installed are OEM, unless specified otherwise. In the unlikely event of any dispute regarding the payment of this repair by my insurance company, or any other circumstances resulting in a balance due, I agree to pay for all repairs in full, via properly endorsed insurance check, cash, Visa, or Mastercard, prior to the release of this vehicle.

2) **DESIGNATION OF REPRESENTATIVE** I appoint AR AUTO CLUB, as my designated representative, as provided for in Regulation of the Insurance Department, only as to this claim related to motor vehicle damage.

AUTHORIZING CUSTOMER SIGNATURE

DATE