

CERTIFIED COLLISION WORKS, L.L.C.
6342 Greenwood Dr. Ste A
Corpus Christi, Texas 78417
Office: 361.225.2555
Fax: 361.225.2522
Email: certifiedcollisionworks@gmail.com



LABOR RATES
Body \$60/hr
Paint \$60/hr
Frame \$70/hr
Mechanical \$90/hr
Paint Materials \$38/hr

HOW DID YOU HERE ABOUT US? Website Google Facebook Friend Other _____

EMAIL _____

NAME _____ PHONE _____

ADDRESS _____ CITY/ST/ZIP _____

YEAR _____ MAKE _____ MODEL _____

BEST WAY TO KEEP YOU UPDATED? Call Email Text

ANY OTHER CONCERNS YOU WOULD LIKE US TO ADDRESS? _____

REPAIR AUTHORIZATION

I hereby authorize Certified Collision Works, LLC. to make necessary repairs in accordance with its written estimate or that written by the insurance company. 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 understand that it is my responsibility for any additional rental charges due to extended time of repairs. Storage will be charged forty-eight hours after repairs are completed. In the event legal action is necessary to enforce this contract, customer will be responsible for any attorney's fees and/or court costs.

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. To secure payment in the amount of repairs hereto, an express mechanic's lien is acknowledged, and I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract.

SIGNATURE

DATE

Selfpay Insurance _____ Claim # _____

Tow-in Yes No Need Rental? No Yes Picked up _____