

Matchless Body Works Inc

Authorization to Repair and Direction to Pay

Customer Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Insurance Company: _____

Claim Number: _____

Year: _____

Make: _____

Model: _____

Direction To Pay Authorization/Repair Authorization

I hereby authorize repair of the above vehicle. I agree that Matchless Body Works Inc. is not responsible for the loss of articles left in vehicle due to fire, theft or any other cause beyond our control. Or for delays caused by the unavailability of parts or shipping delays. I also grant permission to Matchless Body Work Employees to operate the above stated vehicle for the purpose of testing and inspection. I understand and agree that to secure payment for repairs there to, an expressed mechanic's lien on the above state vehicle is acknowledged and further agree to pay reasonable attorney fees and court costs associated with enforcing this contract. If insurance is involved I hereby authorize payment for any additional damages to be made direct to Matchless Body Works Inc.

Signature: _____

Date: _____