REPAIR AUTHORIZATION & DIRECTION TO PAY

First Name: Vehicle Owner First Name Last Name: Vehicle Owner Last Name

Vehicle Info: Vehicle Year Vehicle Make Vehicle Model

Vehicle VIN: Vehicle VIN Number

Insurance Company: Insurance Company or Self Pay Claim Number: Insurance Claim Number

New Lebanon Body, Frame & Tech is hereby authorized to perform repairs to my vehicle. I understand that

payment in full will be due upon release of vehicle, including additional supplemental damage charges.

I authorize any and all supplements payable direct to New Lebanon Body, Frame & Tech.

I authorize New Lebanon Body, Frame & Tech to act as power of attorney to sign insurance checks (with my name) to pay for damages to above vehicle.

An express mechanic’s lien is hereby acknowledged, on above vehicle to secure the total amount of repairs.

I also hereby grant New Lebanon Body, Frame & Tech employees, permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection.

New Lebanon Body, Frame & Tech will not be held responsible for loss or damage to vehicles or

articles left in vehicle in case of fire, theft, accident or any other cause beyond their control. Parts prices

are subject to invoice. Old parts removed from vehicle will be discarded appropriately unless otherwise instructed.

Printed Name: Please Print Owner Name Date: Click on Date

Signature: Owners Signature