YOUNG’S AUTO BODY

124 DILL LANE

BLDG LD-4, SUITE A

PHONE: 724-836-0182

FAX: 724-879-8152

EMAIL: youngsautobody1@comcast.net

**AUTHORIZATION FOR REPAIRS/DIRECTION TO PAY**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, give Young’s Auto Body authorization to complete all repairs as detailed on the estimate provided to me by the insurance company or Young’s Auto Body.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company permission to pay Young’s Auto Body directly for supplementary repairs and/or parts.

Customer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Claims:** By signing this release form you also agree to provide Young’s Auto Body with your insurance check on or prior to the scheduled repair date of your vehicle. All deductibles are to be paid to Young’s Auto Body upon completion of repairs. **Costs above the appraised amount will be the responsibility of the vehicle owner.**

Customer’s Initials \_\_\_\_\_\_\_\_\_\_

**Self Pay:** By signing this release form you also agree to pay Young’s Auto Body half of your total bill as per your estimate on or prior to the scheduled repair date of your vehicle. The remainder of the balance is due upon completion of repairs.

Customer’s Initials \_\_\_\_\_\_\_\_\_\_

***No vehicle will be released to the customer until all debits has been settled with Young’s Auto Body.*** Once repairs have been completed and all debits have been settled, vehicles need to be picked up within three business days unless prior arrangements have been made with Young’s Auto Body. Vehicles remaining on the property upon completion may be subject to storage fees. Young’s Auto Body is not responsible for lost, stolen or damaged property so please remove all valuables from your vehicle prior to leaving it for repairs.

 Customer’s Initials \_\_\_\_\_\_\_\_\_\_