**Authorization to Repair**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vehicle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Claim # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I authorize Horton’s Collision Center of Vidalia, Inc. to repair the above vehicle. I understand that my deductible payment of **$\_** is due in full upon the release of the vehicle, and that **no personal checks are accepted**. Payment forms accepted are Visa, MasterCard, Discover, cash, insurance checks and cashiers checks. Credit card transactions will be charged a 3% surcharge. I grant Horton’s Collision Center of Vidalia, Inc. and its employees permission to operate the vehicle for purposes of repairing and road testing. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of the repairs thereto. Horton’s Collision Center of Vidalia, Inc. will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond their control. Old parts removed from vehicle will be thrown away unless otherwise instructed. I authorize the insurance company to send any and all payments, including original and any supplements, directly to Horton’s Collision Center of Vidalia, Inc. I also authorize Horton’s Collision Center of Vidalia, Inc. to act as power of attorney to sign insurance checks on my behalf to pay for damages to the above vehicle if they are made payable to me.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PLEASE RETURN SIGNED FORM TO [ashley@hortonscollisioncenter.net](mailto:ashley@hortonscollisioncenter.net)

OR FAX TO 912-537-0944