

Magnum Collision Repair Center

Authorization to repair and Direction to pay sheet

Customer Name:			
Vehicle Information	Year	Make	Model
Address			
Apt or Suite	City	State	Zip
Primary Phone		Secondary Phone	
Insurance Co.		Claim#	

I authorize Magnum Collision Repair Center to perform the repairs detailed in my estimate. I understand that payment must be made before the vehicle can be released. If additional damage is discovered, the party responsible for the payment will be notified of the additional charges. If there is a lien holder on the insurer's check, the lien holder must endorse the check prior to the release of the vehicle. I understand that Magnum Collision Repair Center will impose storage charges if my vehicle is not reclaimed within 72 hours of completion notification.

I further authorize Magnum Collision Repair Center to test drive my vehicle in a responsible manner with any repairs performed. In the case of significant repairs performed on my vehicle, I authorize Magnum Collision Repair Center to test drive my vehicle beyond normal test drive conditions, but not beyond a manner consistent with normal daily use, to ensure proper function of all components repaired or replaced. Magnum Collision Repair Center assumes responsibility for insuring your vehicle and its safe keeping.

I authorize any/all supplements as payable directly to Magnum Collision Repair Center.

I do hereby appoint Magnum Collision Repair Center to act as Power of Attorney in fact to accept, on my behalf, any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, bills of exchange for deposit to Magnum Collision Repair Center's account for credit on my account for repairs to my vehicle which has been released and accepted.

***** Magnum Collision Repair Center will take every precaution to protect your vehicle during its time here. We do, however, strongly encourage you to remove any and all personal belongings from your vehicle before leaving it with us. **Magnum Collision Repair Center is not responsible for items left in my vehicle during repairs** ****

Customer Signature: _____ Date: _____