



## Narrow Way Refinish & Collision Company

2110 25<sup>th</sup> Street - Everett, WA 98201

360-668-9435

### Authorization to Repair & Direct Pay

Name: \_\_\_\_\_ Repair Order: \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_

You are entitled to a written price estimate for the repairs you have authorized. You are also entitled to require the repair facility to obtain your oral or written authorization to exceed the written price estimate.

I wish to have the parts from my car saved for me to view. If not initialed, parts will be disposed of immediately. Initial \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant you and/or your employees permission to repair this vehicle as we have agreed and to operate the vehicle while it is in your possession. **Narrow Way Refinish & Collision** may proceed directly from the insurance estimate and approved insurance additions if any insurance company is involved.

**Payment in full is due on completion of repairs. Some repairs may require a deposit. Personal checks will be accepted for repairs. Insurance checks made out to you can be endorsed to us for deposit OR deposited into your own account and then payment made in the same amount to Narrow Way Refinish & Collision.**

A fee of \$150.00 per day will be charged for storage starting three (3) working days after you have been notified that your vehicle has been completed unless prior arrangements have been made.

If you authorize repair but change your mind, you will be charged for work completed, any non-returnable parts or any restock fee charged to **Narrow Way Refinish & Collision** by the parts supplier. An express mechanic's lien is hereby granted by the customer on the above vehicle to secure the amount due for repairs.

**Narrow Way Refinish & Collision** is not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft or any other cause beyond our control.

#### *Power of Attorney*

I authorize **Narrow Way Refinish & Collision** *Power of Attorney* to sign for and on behalf of myself on any insurance check or draft from my insurance company for purposes of applying the proceeds to any balance owing for work on my vehicle.

I authorize \_\_\_\_\_ Insurance Company to pay **Narrow Way Refinish & Collision** directly for repairs to my vehicle.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_