

AUTHORIZATION FORM

I authorize SMI Collision to make the specified repairs. I understand that full payment will be due upon release of the vehicle, including additional supplemental damage charges. I grant SMI Collision's employee's permission to operate the vehicle on streets, highways, or elsewhere for the purposes of testing and/or inspection. I also give authorization for SMI Collision to send my vehicle for sublet repairs as may be needed or advised by the shop or insurance company. I may need to reset clocks and radio stations since my battery may be disconnected to protect on board computers. I am responsible for any security codes, which may be required in order to reset functions. An express mechanics lien is hereby acknowledged on the vehicle to secure the cost of repairs thereto. I agree that any sums remaining unpaid after thirty (30) days following the completion of repairs shall accrue interest at the rate of one and one half percent (1.5%) per month until paid in full. In the event I do not pick up the vehicle within (3) three days following the completion of repairs, I agree to pay a storage fee of \$25 per day until I pick up the vehicle. I agree that SMI Collision will not release my vehicle to me until I have paid all amounts owed for repairs, storage fees, interest or any other applicable sums. In the event SMI Collision incurs attorneys' fees or court costs while enforcing this Authorization, I agree to pay such costs and fees.

SMI Collision will dispose of old parts removed from the vehicle unless otherwise instructed.

SMI Collision will not be held responsible for loss or damage to vehicle or articles left in the vehicle in the case of fire, theft, accident, or any other cause not due to the gross negligence of SMI Collision or its employees.

I acknowledge that due to the nature of the repair process, including without limitation the availability of parts and insurance delays, SMI Collision cannot guarantee a date or time for the completion of repairs to my vehicle. Accordingly, I agree to accept all liability for any vehicle rental fees which may exceed the limits of applicable insurance.

POWER OF ATTORNEY

I appoint SMI Collision to act as my 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 SMI Collision's account for credit on my account for repairs to my vehicle. I authorize any and all supplemental charges to be made payable to SMI Collision.

VEHICLE RELEASE POLICY

- All repairs must be paid in full prior to vehicle release
- All deductibles are payable to SMI Collision
- Multiple party checks must be endorsed prior to vehicle release
- I personally assume all risks of loss for property left in vehicle
- I understand that if I cancel the repairs after parts have been ordered, I will be responsible for any restocking fees, if applicable, and for any labor fees, which may include diagnostic and/or reassembly
- We do accept credit cards, and personal checks, with a valid driver's license of the account holder
- I have read and understand SMI Collision's Vehicle Release Policy
- I hereby understand that completion date is only an estimate: not guarantee

This standard repair authorization is needed to comply with state laws on repair authorization and to secure payment from my insurance company or me. This vehicle is being repaired for me, the owner, and I am ultimately responsible for payment.

Signed by _____ Date _____

Print Name _____