

RO/Inv# _____

AUTHORIZATION TO REPAIR
Metro Auto Rebuild 2218 Airport Way S #2 Seattle, WA 98134

RE: Vehicle Year _____ Make _____ Model _____

VIN: _____

Incorporated into this Authorization are those estimates, costs, and disclosures as set forth in the estimate of costs provided by

(Insurance Co or Third Party)

Hidden and unseen damage is not included in this estimate. Disassembly and diagnostics may be necessary to determine the full extent of damages to your vehicle and costs therein.

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. YOUR SIGNATURE OR INITIALS WILL INDICATE YOUR SELECTION.

- I request an estimate in writing before you begin repairs. Contact me if the price will exceed this estimate by more than 10%, excluding retail sales tax.
- Proceed with the repairs, but contact me if the price will exceed \$ _____
- I do not want a written estimate.

Replaced parts shall not be returned to customer unless specified here and shall be removed from shop at the time of delivery.

Part prices are subject to invoices. Some parts may not be returnable. I also acknowledge Metro Auto Rebuild is not responsible for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter.

Metro Auto Rebuild and its sublet vendors will exercise all due care in the repairs to your vehicle. However, Metro Auto Rebuild and its sublet vendors will not be responsible for damage or breakage of parts, such as glass or moldings that are to be removed and reinstalled during the repair. ***Prior rock chips could cause further damage to your windshield during the paint curing heated booth process.***

I AGREE that I will assist Metro Auto Rebuild in dealing directly with the insurance carrier and will send and submit all forms and documents reasonably necessary to facilitate the payment of the claim. I authorize the release of any information necessary to process my insurance claim(s). **I understand that the insurance company has no relationship with Metro Auto Rebuild and is under no financial, legal, moral, or ethical obligation to negotiate with, or pay Metro Auto Rebuild directly.** I also understand that I will be informed by Metro Auto Rebuild of any deficiencies in the insurance company estimate that will prevent the vehicle from being restored to its pre-accident condition. I further understand that it is the insurer who has the contractual obligation to restore the vehicle to its pre-accident condition. It is the repair facility's responsibility to do those repairs, for which they receive correct compensation, in a professional, high quality manner. If the responsible insurance company does not wish to recognize the damage report prepared by this facility, then this repair facility will work directly from the insurance estimate, with any and all modifications provided in writing. Failure on the part of the insurer to specify all required repair procedures and parts would cause the liability for the repair to revert back to the insurer. I agree that I will fully and unconditionally hold harmless the repair facility or its employees, directors, affiliates, owners, managers, and their heirs from all actions, legal and otherwise, known or unknown, and from all expenses incurred to defend such actions from any entity, insurance company, or third party that may elect to take such action associated with the repair of this vehicle. I agree that Metro Auto Rebuild or its employees are not responsible for loss of damage to the vehicle or articles left in the vehicle in case of fire, theft, or any other cause beyond their control. I hereby grant Metro Auto Rebuild and its employees permission to operate the above vehicle on streets, highways, or elsewhere as necessary including but not limited to transportation between Metro Auto Rebuild facilities, to dealers, vendors and other locations for repairs and/or storage. This contract shall not be assigned to any third party without written consent of Metro Auto Rebuild.

_____ **For consideration of repairs to my vehicle, I authorize Metro Auto Rebuild to sign or endorse any insurance issued checks and/or drafts made payable to me for payment of repairs to my vehicle.**

_____ Payment for repairs, including deductible, must be made before vehicle is released. Payment may be made by 1) Check (insurance company check, cashier's check, **personal check up to \$500**), 2) Cash, or 3) Debit/Credit Card (Visa, MasterCard, American Express, Discover – amounts in excess of \$2,500 must be pre-approved). A daily storage fee may be assessed if the vehicle is not picked up within 48 hours of notification of completion. Customer agrees to pay full repair bill and storage charges, if any, in the event insurance fails to pay. If an insurance company is paying for the damage, it is your responsibility to notify them that Metro Auto Rebuild is repairing your vehicle and to be sure that payment is received. **METRO WILL NOT RELEASE THE VEHICLE WITHOUT PAYMENT.**

I HEREBY AUTHORIZE the repair work as referenced in the above estimate of repairs and costs and acknowledge receipt of the above referenced estimate. If this repair is terminated, charges or penalties may apply, which may include but are not limited to charges for diagnostics and other labor performed, parts and/or part return fees, materials and other miscellaneous, storage, administration services, and breach of contract.

Authorized by: (Customer Signature)

Date

Please Print Your Name