



334-466-2500

Allen Turner Collision Center

Work Authorization Form

Name: _____ Phone# _____

Vehicle Drop off Date: _____ Year _____ Make _____ Model _____ Color _____

Damage Area: _____

I authorize Allen Turner Collision Center to repair the vehicle listed above utilizing necessary labor, parts and materials. I understand that Allen Turner Collision Center is not responsible for the loss or damage to the vehicle, or articles left in the vehicle due to theft, fire or any cause beyond their control. I agree that Allen Turner Collision Center is not responsible for delays caused by parts availability, delays from the insurance claims process, or for delays due to the vendors that may be needed to complete the repair. I grant the permission of the collision center to operate the vehicle for the purpose of testing and/or inspection. I understand that any repair estimate given to me by the collision center or an insurance company is just an estimate and that proper, complete, and safe repairs could be more than the initial estimate due to hidden damages or parts price increases. I will be contacted about any additional out of pocket expense before repairs will be continued.

_____ Initial

Power of Attorney and Direction to Pay

I authorize all insurance payments be made directly to Allen Turner Collision Center.

I appoint Allen Turner Collision Center as my attorney in fact: to accept on my behalf any and all checks, drafts, bills of exchange, and to endorse all checks on my behalf, as credit on my account for repairs to my vehicle.

Signature _____

Rental Cars

Allen Turner Collision Center does not provide rental cars. I understand that a third party provides any rental car issued for repairs. Most insurance companies have rental limitations and I understand that Allen Turner Collision Center is not liable for any rental expense that occurs after the maximum coverage allowed by your insurance company. I also understand that if a third party provides a replacement vehicle, the collision center is not responsible for costs, damage, or any liability.

_____ Initial

Mechanics Lien

I acknowledge a mechanics lien will be place on my vehicle to secure the amount of repairs, if payment is not collected within a reasonable amount of time. I agree to pay attorney’s fees and court cost in the event legal action is necessary to enforce this contract.

_____ Initial

Parts Policy

I am authorizing Allen Turner Collision Center to order parts needed as per the estimate of my vehicle. Parts will not be ordered until I complete this form. I understand by completing this form, and then not choose to have my vehicle repaired at Allen Turner Collision Center, all parts will be sent back to the manufacturer, and I will be charged a 35% restocking fee.

_____ Initial

Warranty

Allen Turner Collision Center provides a limited lifetime warranty, with no mileage limit on the workmanship repairs and painting. Parts are only covered through the manufacturer. Exclusions: Damage caused by misuse, excessive sun exposure, rock chips, rust etc. are excluded from warranty. Warranty is not transferable and work must be completed at this facility. Incidental costs such as towing, car rental, and lost wages will not be covered.

_____ Initial

Signature _____ Date: _____

Print Name: _____

We do not accept 3rd party or out of state personal checks

We do not accept American Express or personal checks over \$500

All repairs must be paid in full before vehicle can be released

----- Official Use Only-----

Mileage: _____

Fuel Level: E ¼ ½ ¾ F

Vin: _____