

Ultra Fine Collision & Refinishing, INC.  
3767 Dewey Ave  
Rochester, NY 14616  
585.663.8540  
[ultrafinecollision@gmail.com](mailto:ultrafinecollision@gmail.com)



### Repair Authorization Form

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Vehicle Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Prior Damage: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Adjuster Name & #: \_\_\_\_\_

I hereby authorize Ultra Fine Collision & Refinishing, INC, its employees, and its designated third party providers to complete the repair work on my vehicle, as outlined in estimate number \_\_\_\_\_. I, also, authorize the purchase of parts and materials necessary for said repairs. I give Ultra Fine Collision & Refinishing, INC employees and contracted third-party providers permission to operate the vehicle described herein on streets, highways, or elsewhere for the purpose of testing and inspection to complete repair.

I understand that Ultra Fine Collision & Refinishing, INC is not responsible for loss or damage to my vehicle and/or articles left in the vehicle in case of fire, theft or any case beyond our control. Please remove your personal belongings from the vehicle, including your child safety seats, medications, firearms, and anything that may be damaged in exposure to extreme heat. Additionally, once your vehicle is prepared for paint, we will not be able to give you access to it, so please remove anything you think you will need during paint. Notify us if your vehicle uses alternate fuel.

Vehicles towed or driven in, then deemed a total loss, or moved to another facility for any reason by the customer or Insurance Company may be subject to administrative, lot, debris clean up charges, and/or estimate fees. Any labor, towing or lift inspection fees must be paid before a vehicle leaves Ultra Fine Collision. I agree that if I cancel the work authorization before the work is completed, I am responsible for paying for all work completed before the notice of cancelation, as well as any parts that may have been purchased already.

I understand that my bill must be paid in full before my vehicle will be released to me. Ultra Fine Collision & Refinishing, INC. accepts cash, credit cards, and insurance check payment. Any alternate payment arrangements must be made in advance, in writing with Dan Zarcone or Mark Schofield, Owners of Ultra Fine Collision Collision & Refinishing, INC. Prior written notice must be given if return of used or damaged parts is desired by the customer.

I grant Limited Power of Attorney to Ultra Fine Collision & Refinishing, INC., authorizing them to endorse any checks received on behalf of the vehicle owner(s).

I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I, also, understand that Ultra Fine Collision & Refinishing, INC. cannot be held responsible for delays that occur

Initial: \_\_\_\_\_  
Date: \_\_\_\_\_

Please sign and return this document to our office, via email to [ultrafinecollision@gmail.com](mailto:ultrafinecollision@gmail.com), or via fax to 585.663.2116.

We cannot begin work until we receive this signed form.

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as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other circumstances unforeseen and uncomfortable.

I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplement will be submitted on my behalf to my Insurance Company and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted for authorization in the event that additional work needed changes the estimated price by more than 10%.

I understand that I will incur storage charges at a rate of \$50 per day outside if I do not pick up my vehicle within 2 business days of receiving notification that my repairs are complete. I understand that these storage fees are not usually covered by insurance companies and that they will be my responsibility,

**Direction of Payment** (Choose one by initialing accompanying line):

I authorize \_\_\_\_\_ (Insurance Company) to pay Ultra Fine Collision & Refinishing, INC. directly the complete cost of my claim-related repair job, including supplements. Ultra Fine Collision & Refinishing, INC., will communicate with the Insurance Company directly. In the event the Insurance Company or its representative inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify Ultra Fine Collision & Refinishing, INC. immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check. I further agree to assume responsibility for the final total should payment not be made to Ultra Fine Collision & Refinishing, INC. within 30 days.

I will communicate with my Insurance Company. Payment of my claim will be made directly to me. I understand that I am responsible for paying for all repairs and supplements and will pay Ultra Fine Collision & Refinishing, INC. directly.

This repair is not part of an insurance claim..

I attest that the designation of Ultra Fine Collision & Refinishing, INC. as the provider of these repairs is my own choice. I affirm that I am aware that I was free to choose any provider to repair my vehicle.

I certify that I am the true and lawful owner of the vehicle identified above, or the authorized representative of the vehicle identified above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_\_

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