



52 Hampton House Rd. Route 206 • Newton NJ, 07860  
Tel: (973)-383-1384 Fax: (973)579-1344  
NJ License # 02302A Tax ID# 222690908

**Authorization to Repair and Customer Notices**

Vehicle Owner: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle Financed? Yes\_\_ N0\_\_ Lien Holder: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

**Right to Receive Replaced Parts Notice / Waiver:** A customer of this shop has the right to receive the replaced parts from their vehicle. Customer is hereby notified that there will be a \$25.00 fee per day for storing the replaced parts commencing on the date the vehicle is delivered or the date the repairs are paid for, if the parts are not picked up by customer at that time. By initialing below I am waiving my right to receive the replaced parts. **Initials:** \_\_\_\_\_

**Notice of Right to Inspect Repairs Before Making Payment:** Customers of this shop or his/her insurance company have the right to inspect the repaired vehicle before paying for the repairs.

**Warranty Terms & Limit:** These repairs are covered by a limited warranty. Paint and body work have a lifetime warranty (non-transferable.) Parts and materials are subject to the terms as extended by each manufacturer or vender. Warranty repairs to be performed at sellers place of business. Seller hereby limits implied warranty to the period stated.

**Storage Notice:** Customers of this facility are hereby notified that we charge storage at the rate of \$125.00 per day inside and \$52.50 per day outside on vehicles left at our facility that we do not repair and on repaired vehicles left at our facility for more than 7 days after being notified that the vehicle is ready to be picked up.

**Estimated Date of Delivery Notice:** Estimated Date of Delivery: \_\_\_\_\_ Estimated date of delivery may change due to parts delay or backordered parts, weather conditions, insurance related delays or unforeseen and uncontrollable factors.

**I grant Permission:** to this company for its employees to operate the above-described vehicle as necessary, which included for the purposes of testing, to/ from sublet vendors and to/ from other locations if needed. Also, to secure payment in the amount of the repairs thereto; an expressed mechanics lien on the above described vehicle as acknowledged. I further agree to pay reasonable attorney’s fees and any court costs incurred in the even that legal action becomes necessary to enforce this contract.

**Authorization to Repair:** I, being the true and lawful owner of the vehicle identified above or the authorized representative of the owner of the vehicle identified above hereby authorize repairs to this vehicle as per attached estimate or repair order # \_\_\_\_\_.

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



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**Collision Shop Estimate Waiver**

Customer Name: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_

I have been informed that I am entitled to a detailed written estimate from this repair facility. I have also been informed by this repair shop that the initial repairs to my vehicle will not exceed \$10,000.

By signing below this paragraph, I hereby authorize the repairs to my vehicle up to the amount listed above and waive my right to a detailed written estimate form this repair facility. Should the repairs to my vehicle exceed the amount listed above, I will be contacted for my authorization of any additional repairs.

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

**Collision Shop Supplement Authorization and Supplement Estimate Waiver**

I have been informed that I am entitled to a detailed written estimate from this repair facility for any additional supplemental repairs discovered after the repairs are commenced and beyond the amount I originally authorized. I have also been informed by this repair shop that the additional supplemental repairs to my vehicle will not exceed **\$10,000.**

By signing below this paragraph, I hereby authorize the additional supplemental repairs to my vehicle up to the amount listed above and waive my right to a detailed written estimate form this repair facility on the additional supplemental repairs.

Should the additional supplemental repairs to my vehicle exceed the amount listed above, I will be contacted for my authorization of any further additional repairs beyond the amount listed above.

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



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**DIRECTION OF PAY AUTHORIZATION**

I, hereby authorize the repair of my vehicle. In consideration for the repairs made on the vehicle by Hampton Body Works, and the bill for those repairs due, I hereby assign and transfer to Hampton Body Works the sufficient monies needed to pay said bill in full for settlement of my claim by virtue of the loss sustained. I hereby direct my insurance company to make any and all payments directly to Hampton Body Works. In the event that a check is made payable to myself, or to both myself and Hampton Body Works, I hereby grant special Power of Attorney to the representative of Hampton Body Works to endorse said check and present same check or draft for payment.

I authorize \_\_\_\_\_ Insurance Company to pay Hampton Body Works directly for the original expected costs and also for any supplemental damage that is discovered during repairs.

Signature: \_\_\_\_\_

I grant permission to a representative of Hampton Body Works, to endorse my name to check made payable to me for payment of repairs on my vehicle.

Signature: \_\_\_\_\_

**TERMS:** The total amount of repair charges **MUST BE PAID IN FULL** by CASH, CASHIERS CHECK, INSURANCE CHECK, or DRAFT properly endorsed by all parties before release of the above described vehicle. Any other forms of payment must be pre-approved prior to delivery of the vehicle. If insurance coverage is applied against the total or partial payment, I acknowledge that the insurance check or draft must be obtained by myself or sent in advance by the insurance company prior to release of the repaired vehicle.

**Important notice:**

Any check received by a claimant must be turned over to the auto body shop immediately. Any attempt to withhold payment after signing this document could result in the claimant being charged with insurance fraud and fined up to \$5,000.00.

**IMPORTANT:** NO stop payment of funds will be honored: and any stop payment order of a check or giving a check which is returned marked "insufficient funds" shall be deemed by the parties to be prima facie evidence of Fraud existing at the time the transaction was consummated and shall be construed by the parties as an intent to defraud in order to consummate the transaction.

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