

**Enter RO #.**

**COLLISION CENTER**  
A Division of Collision Industries, Inc  
229 South Hanna Street  
Lock Haven PA 17745

570-748-9168  
Fax 570-748-9169

**Customer prefers which method of contact:**

E-Mail: \_\_\_\_\_ Phone # to Call: \_\_\_\_\_ Text Message  YES or  NO

**Authorization To Repair**

I, \_\_\_\_\_, hereby release my vehicle for repairs:

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

Year/Make/Model: \_\_\_\_\_

I understand that I am responsible for my deductible of \$\_\_\_\_\_ when I pick-up my vehicle upon completion of repairs. Payment options are cash, credit or debit cards or electronic checks.

Please note there is a limited lifetime warranty on all repairs *except rust repairs.*

**Has Payment for repairs been issued to customer?**  YES  NO

Amount \$ \_\_\_\_\_

**Authorization to Pay**

**I authorize and request that**

ALL supplement checks or electronic transfers be made payable to Collision Industries, Inc t/d/b/a The Collision Center directly by the insurer. IF a supplemental check is issued to the customer directly by the insurance company, it is the customers' responsibility to forward that amount to Collision Center for repairs performed on the above vehicle.

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Authorized Signature to Repair and Pay by:

\_\_\_\_\_ Date: \_\_\_ / \_\_\_ /2016