

COMPLETE AUTO BODY

Customer Information

Name: _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Cell #: _____ Work #: _____ Home #: _____

E-mail Address: _____

Vehicle Information

Year: _____ Make: _____ Model: _____ Color: _____

How did you hear about us? _____

We accept Cash, Personal Checks, Money Orders, Cashier's Checks, and Credit Cards

We do not accept Personal Checks or Credit Cards over \$2000.00. We run our checks electronically through Certegy Check Services. If Certegy does not approve the check, then the check can not be accepted as payment. You must furnish another form of payment under those circumstances.

I HEREBY AUTHORIZE THE REPAIR WORK HEREIN SET FORTH TO BE DONE BY YOU, TOGETHER WITH THE FURNISHING BY YOU OF NECESSARY PARTS AND OTHER MATERIAL, FOR SUCH REPAIR AND AGREE, THAT YOU ARE NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY UNAVAILABILITY OR DELAYED AVAILABILITY OF PARTS OR MATERIAL FOR ANY REASON, THAT YOU NEITHER ASSUME NOR AUTHORIZE ANY OTHER PERSON TO ASSUME FOR YOU ANY LIABILITY IN CONNECTION WITH SUCH REPAIR, THAT YOU SHALL NOT BE RESPONSIBLE FOR LOSS OR DAMAGE TO THE ABOVE VEHICLE OR ARTICLES LEFT THEREIN, IN CASE OF FIRE, THEFT, OR OTHER CAUSE BEYOND YOUR CONTROL, THAT AN EXPRESS MECHANICS LIEN IS HEREBY ACKNOWLEDGE ON THE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO THAT YOUR EMPLOYEES MAY OPERATE THE ABOVE VEHICLE ON STREETS, HIGHWAYS OR ELSEWHERE FOR THE PURPOSE OF INSPECTING/TESTING SUCH VEHICLE. STORAGE RATE IS \$50.00 PER DAY, EFFECTIVE 48 HOURS AFTER COMPLETION OF WORK. I UNDERSTAND THAT COMPLETE AUTO BODY DOES NOT PAY FOR RENTAL VEHICLES NO MATTER WHAT THE CIRCUMSTANCES ARE. THE RENTAL VEHICLE IS BETWEEN THE CUSTOMER AND THE INSURANCE COMPANY, NOT COMPLETE AUTO BODY.

IN THE EVENT THAT THERE IS ANY DEFECT IN THE PARTS OR WORKMANSHIP PROVIDED BY COMPLETE AUTO BODY, THE CUSTOMER AGREES TO RETURN THE VEHICLE TO COMPLETE AUTO BODY FOR INSPECTION AND REPAIR OF THE DEFECT. IN THE EVENT THAT THE CUSTOMER PERFORMS WORK OR AUTHORIZES ANOTHER PERSON OR REPAIR FACILITY TO PERFORM WORK WITHOUT THE EXPRESS WRITTEN CONSENT OF COMPLETE AUTO BODY, THIS AGREEMENT SHALL BE NULL AND VOID AND CUSTOMER SHALL HAVE NO FURTHER RIGHTS HEREUNDER. NEVERTHELESS, COMPLETE AUTO BODY SHALL HAVE THE RIGHT TO IMMEDIATE PAYMENT AND TO COLLECT ALL SUMS DUE AND PAYABLE FOR PRODUCTS AND SERVICES RENDERED.

POWER OF ATTORNEY

I DO HEREBY APPOINT THE AFOREMENTIONED _____ BUSINESS AS MY POWER OF ATTORNEY IN FACT TO ACCEPT ON MY BEHALF ANY AND ALL CHECKS, DRAFTS OR BILLS OF EXCHANGE FOR DEPOSIT TO THE AFOREMENTIONED BUSINESS ACCOUNT FOR REPAIRS ON MY VEHICLE.

CUSTOMER SIGNATURE/ACCEPTANCE

DATE

NOTICE TO ALL CUSTOMERS:

Please remove all personal items from your vehicle prior to checking it in for service. Due to the fact that we do not know what items are in your vehicle at time of check in, we cannot be responsible for any missing items at time of pick-up.

Also, please be aware that we do not accept any form of personal payments over \$2000.00. We do accept insurance checks that are over \$2000. If you are planning to pay with a personal or business check or credit card and the total balance due is over \$2000 then you would have to pay with cash, cashier's check or money order.

Can Complete Auto Body post before and after photos of your vehicle on our social media pages?

Yes

No

Thank you,
Management

Customer Signature/Acceptance

Date



Complete Auto Body and Service Center
2360 Crain Hwy
Waldorf, MD 20601

DIRECTION OF PAYMENT

DATE- _____

I, _____

HEREBY AUTHORIZE DIRECT PAYMENT FOR REPAIRS ON MY BELOW MENTIONED
VEHICLE TO
BE MADE DIRECTLY TO:

Complete Auto Body and Service Center
PHONE: (301) 638-1600
FAX: (301) 638-1601

YR _____ MAKE _____ MODEL _____

PLATE# _____ COLOR _____ PHONE# _____

E-Mail _____

VEH. I.D.# _____ MILEAGE _____

INSURANCE CO. _____ CLAIM OR FILE # _____

ADJUSTER _____

DATE OF LOSS _____

VEHICLE OWNERS SIGNATURE