



AUTHORIZATION FOR REPAIRS

I hereby authorize Scott Autobody (AutoHaus Repair Management Inc.) to make repairs to the vehicle listed below. I acknowledge that payment is due in full upon completion of repairs and that I am responsible for any and all reasonable costs to recover full payment.

Scott Autobody employees & Scott Autobody sub contractors may operate my vehicle for the purposes of testing, inspection, or delivery.

AUTHORIZATION OF PAYMENT

I hereby authorize _____ Insurance Company To make direct payment on my behalf for the original repair cost and any supplemental repair cost associated with this claim / repair. I appoint Scott Auto Body full Power of Attorney to sign for payment or collect as needed for the repairs on the vehicle listed below.

I understand I am responsible for the deductible amount of \$ _____ and am responsible to pay upon delivery of the vehicle.

Signed: _____ Date: _____

Vehicle Year: _____ Make: _____ Model: _____

5605 Westpark Drive Charlotte, NC 28217 704-523-4903
1634 N Hwy 16 Denver, NC 28037 704.489.6069