ELITE AUTO BODY

17 South Jefferson Street
Orange NJ 07050
Tel: 973-678-8090 Fax: 973-672-8525
Tax ID: 223-115-201
NJ State Lic. # 00241A

VEHICLE REPAIR AUTHORIZATION AND DIRECTION OF PAY

Insurance Company _____

Claim# _____

Deductible _____

I, _____ AUTHORIZE THAT REPAIRS BE COMPLETED ON MY VEHICLE BY ELITE AUTO BODY. I REQUEST THAT PAYMENT FOR REPAIR COSTS, MINUS APPLICABLE DEDUCTIONS, BE MADE DIRECTLY TO ELITE AUTO BODY ON MY BEHALF. I HEREBY GIVE POWER OF ATTORNEY TO ELITE AUTO BODY TO SIGN ANY CHECKS IN REFERENCE TO THE ABOVE CLAIM NUMBER FOR THE REPAIRS TO MY VEHICLE. I UNDERSTANCE THAT IF AT ANY POINT I DECIDE TO CANCEL THE REPAIRS TO MY VEHICLE, I WILL BE FULLY RESPONSIBLE FOR ANY AND ALL OUTSTANDING PARTS, TOWING, STORAGE AND LABOR BILLS.

I UNDERSTAND THAT I AM RESPONSIBLE FOR FULL PAYMENT OF THE CLAIM TO ELITE AUTO BODY PRIOR TO REMOVAL OF MY VEHICLE.

_____ ELITE AUTO BODY IS NOT RESPONSIBLE FOR ANY VALUABLES LEFT IN VEHICLE.
INITIAL

_____ I UNDERSTAND THAT THERE IS A 3% MERCHANT SERVICES FEE FOR CREDIT CARD CHARGES.
INITIAL

_____ MULTIPLE CREDIT CARDS CANNOT BE USED TO BYPASS THIS FEE.
INITIAL

_____ I AUTHORIZE THE USE OF AFTERMARKET PARTS ON MY VEHICLE.
INITIAL

_____ ELITE AUTO BODY DOES NOT ACCEPT PERSONAL CHECKS.
INITIAL

_____ VEHICLE MUST BE PICKED UP WITHIN 48 HOURS OF COMPLETION OR I WILL BE
INITIAL CHARGED $150/DAY. I'M ALSO AWARE THAT STORAGE WILL BE CHARGED $125/DAY TO INSURANCE AFTER 72 HOURS OF SUPPLEMENT REQUEST

_____ _____
VEHICLE OWNER/INSURED (SIGNATURE) DATE