

Repair Order Contract

Vehicle Information:

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Year	Make	Model	Mileage		Color	License Plate	
First Name:				Phone Number :			
Last Name:				Email:			
Address:				City:			
State:							
How Did You Hear About Us? Phone Book Internet Previous Customer Radio Referred By: Your Insurance Company:							
Responsible Party (Insurance Paying For Claim):							
Do You Have An Insurance Deductible?					Yes	No	
Do You Have An Insurance Estimate?					Yes	No	
Have You Received A Check From The Insurance Company?					Yes	No	
Is There A Lien 1	Holder On The Ch	Yes	No				
Are You The Cla	imant?	Yes	No				
I hereby authorize the repair	•		_	-	responsible for loss or dama	· .	

I hereby authorize the repair work to be performed along with the necessary material and agree that you are not responsible for loss or damage to the vehicle, articles in the vehicle, fire, theft, or any other cause that is not a direct result of your gross negligence or for delays caused by unavailable parts or delays in parts shipped by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on streets or highways for inspection. An expressed mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto.

DISCLAIMER OF WARRANTIES

The seller hereby expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products. Due to many unforeseen circumstances in the repair of automobiles we regret that we can only estimate, not promise a completion time, your understanding is greatly appreciated.

Signature : Date :

I certify that I am the person or agent acting on behalf of the person who is obligated to pay for the repairs to the motor vehicle named below subject to the repair contract. I understand that the vehicle is subject to repossession in accordance with the Section 9.609, Texas Business Commercial Code, if payment for the repair of the motor vehicle by check, money order, or credit card transaction is stopped, , dishonored for insufficient funds, no funds, or because the drawer or maker of the order has no account or on which it is drawn has been closed.



Customer Payment Policy

To insure prompt delivery of your vehicle, the following are your responsibilities:

- Insurance check received and property endorsed by "All Parties".
- Deductible, Betterment, or additional authorized repairs to be paid in full when you pick up your vehicle. Any insurance checks or funds deposited to your bank account by the insurance company, the customer is responsible for reimbursing that amount to San Antonio Collision Center.
- Personal and Business checks are accepted with a valid Photo Identification. Customers will be responsible for a \$35.00 service fee if the check is returned for a non payment by the bank.
- Non-Residential out of state checks are **NOT** accepted.
- The following Payments are accepted: Visa, MasterCard, American Express, Discover, Cash, or Cashier Checks. If paying with Credit/Debit card, a 2.91% processing fee will be added.
- If there have been any changes in the insurance coverage, you must notify us. Even a small discrepancy on the chain form can lead to a claim denial.
- ALL vehicles must have a 1/4 of gasoline in order for San Antonio Collision Center to properly inspect and repair your vehicle upon drop off. If **NOT**, **customers** will be charged a \$20.00 gas fee when the vehicle is ready to be picked up. (Example: Test Drive, Wheel/Suspension Alignment, ADAS Calibration, Tire Shop... etc)

	Supplement Payments	
Secure supplement pa	Insurance Company to	
	yment directly to the San Antonio Collision Center, LLC on my behalf.	
Owner :	Claim # :	
Policy # :	VIN :	
	Model:	
Also hereby appoint	"San Antonio Collision Center, LLC" Power of Attorney for the purpose	e of Signing off on supplemental
insurance draft/check	s(s) owned on my vehicle in whatever manner is necessary to place check	k(s) in a cashable position.
	Replacement Crash Parts Disclosure and Authorization Form (Sel	ect an option)
install ON San Anton understand	o install the parts specified on the insurance estimate. I authorize San LY new OEM parts. I understand that my vehicle will be repaired at the Collision Center does NOT utilize Non-OEM parts under Manufal that the part price differences may be my responsibility if and where the part of Collision Center to install the parts specified on the Collision Center to install the Coll	a Certified Collision Center and acture Certified Repairs. I also a declined by the insurance.
	<u>Agreement</u>	
Ι,	(vehicle owner) am solely responsible for the fees if	and when the insurance company
declines to pay for the paint materials price	e charges for the repair of my vehicle which can include but are not limi	ited to, labor rates, taxes, parts, or
I have read a	and understood this customer payment policy form and	have agreed to the terms.
Customer Signature :	Dai	te: