

**Hudson Valley
COLLISION CENTER**

Rs# 7050675

Authorization To Repair Form

I HEREBY AUTHORIZE HUDSON VALLEY COLLISION CENTER TO PERFORM THE SPECIFIED REPAIR WORK, ALONG WITH THE NECESSARY PARTS AND MATERIALS FOR THE AMOUNT SET FORTH STATED IN THE ESTIMATE. THE ITEMS AND THE TOTAL AMOUNT SET FORTH INCLUDE ONLY THOSE LABOR OPERATIONS, PARTS, AND MATERIALS REQUIRED, AS EVIDENCED BY OUR INSPECTION OF THE VEHICLE TO DATE. ADDITIONAL LABOR, PARTS, AND MATERIALS MAY BE REQUIRED AFTER COMMENCEMENT OF THE REPAIR WORK. YOU WILL BE INFORMED OF ANY ADDITIONAL COSTS PRIOR TO REPAIR. ANY PARTS ARE SUBJECT TO PRICE INCREASE(S) ON INVOICE(S) FROM OUR PARTS SUPPLIERS. ALL RECONDITIONED, AFTERMARKET, AND/OR RECYCLED PARTS ARE WARRANTIED *SOLELY* BY THEIR PROVIDERS.

HUDSON VALLEY COLLISION CENTER AND ITS EMPLOYEES MAY OPERATE THE VEHICLE ON STREETS, HIGHWAYS, OR ELSEWHERE AT MY RISK FOR THE PURPOSE OF TESTING, INSPECTION AND DELIVERY. IT IS UNDERSTOOD AND AGREED THAT THIS COMPANY IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE ABOVE VEHICLE AND/OR ITS CONTENTS RESULTING FROM FIRE, THEFT, ACTS OF GOD, OR ANY CAUSE WHILE BEING REPAIRED, STORED, OR TESTED. HUDSON VALLEY COLLISION CAN EXTRACT DATA THAT IS STORED IN THE VEHICLE, INCLUDING ITS EVENT RECORDER, PRIOR TO CONDUCTING ANY REPAIRS AND AFTER COMPLETING REPAIRS. HUDSON VALLEY COLLISION AGREES THAT ACCESS TO SUCH DATA WILL BE FOR THE LIMITED PURPOSE OF CONDUCTING VEHICLE DIAGNOSTICS AND/OR REPAIRS. I AM ALSO RELEASING THIS INFORMATION (IF REQUESTED) TO ANY INSURANCE COMPANY INVOLVED FOR THE SAME PURPOSE ONLY.

I WILL NOT HOLD HUDSON VALLEY COLLISION LIABLE FOR ANY DIMINISHED VALUE WHICH MAY OCCUR BY REPAIR OF THIS VEHICLE. I DO NOT REQUEST RETURN OF ALL REPLACED PARTS.

ALL PAYMENTS MUST BE MADE IN FULL UPON DELIVERY BY THE MEANS OF CREDIT CARD (CREDIT CARD ONLY FOR INSURANCE DEDUCTIBLES), CASH, OR CERTIFIED CHECK ONLY ****NO EXCEPTIONS*** BY SIGNING THIS AUTHORIZATION FORM, YOU AGREE THAT ANY BALANCES DUE AS THE VEHICLE OWNER'S RESPONSIBILITY WILL BE CHARGED TO YOUR CREDIT CARD.

I UNDERSTAND THAT A RETURN CHARGE OF 20% FOR PARTS ORDERED WILL BE BILLED TO ME IN THE EVENT I CANCEL REPAIRS AFTER MAKING AN APPOINTMENT. IN THE EVENT THAT THERE ARE ANY PROBLEMS WITH MY CREDIT CARD PAYMENT, I AGREE TO PAY ALL COLLECTION COSTS AND REASONABLE ATTORNEY FEES INCURRED IN ATTEMPTING TO COLLECT ON THE ACCOUNT BALANCE

SIGNATURE _____ DATED _____

PLEASE INITIAL THAT YOU HAVE CHECKED TO MAKE SURE NO FLAMMABLE OR EXPLOSIVE MATERIALS ARE LEFT WITHIN VEHICLE (GAS CANS. AEROSOLS, PROPANE TANKS,ETC.) INITIALS _____

I HAVE RECEIVED AND EXAMINED ALL REPLACED PARTS, COMPONENTS, AND EQUIPMENT. I FURTHER ACKNOWLEDGE THAT I HAVE EXAMINED THIS VEHICLE AND FOUND THE REPAIRS SATISFACTORY.

SIGNATURE _____ DATED _____