

**JEFF SHAW'S**  
**COLLISION CRAFT, INC.**  
 3811 E. Monument Street  
 Baltimore, Maryland 21205  
 (410) 342-1560 Fax (410) 558-0621  
 collisioncraft.net

Vehicle Owner : \_\_\_\_\_ Address \_\_\_\_\_ MD \_\_\_\_\_  
 Contact Phone 1: \_\_\_\_\_ Contact Phone 2: \_\_\_\_\_ Email: \_\_\_\_\_  
 Vehicle: \_\_\_\_\_ Prod Date: \_\_\_\_\_ VIN: \_\_\_\_\_  
 License \_\_\_\_\_ State \_\_\_\_\_ Mileage: \_\_\_\_\_ Color: \_\_\_\_\_

I authorize **Collision Craft, Inc.** to make all necessary repairs in accordance with its written estimate. The estimate of repair includes parts, labor and diagnosis. Parts prices quoted are current but subject to change per manufacturer's notification. I further authorize all insurance approved supplemental repairs, or, in the case of non-insurance paid repairs, I will issue an additional authorization amount either in written or oral form. I also issue a limited work authorization for towing and any such reasonable expenditures in labor and material which may be necessary to mitigate the loss and administrate the insurance claim.

\*\*\*Parts returns which are made necessary by customer cancellation, default, or total loss are subject to any conditions or restrictions placed by the originating vendor, as well as handling and administrative fees equivalent to 20% of the retail price of the parts. Additional fees may be assessed by vendor if parts are deemed suitable for return. \* \_\_\_\_\_ (Initial)

\*\*\* The payer accepts responsibility for parts breakage that can occur during disassembly under normal circumstances in spite of reasonable care taken by shop to avoid such damage. \* \_\_\_\_\_ (Initial)

The following information regarding payment will provide for a trouble-free delivery transaction upon completion: A deposit may be required to begin repairs to your vehicle. A properly endorsed insurance check may be accepted as deposit. **DO NOT DEPOSIT THE INSURANCE CHECK(S); ALL INSURANCE CHECKS WILL BE REQUIRED TO PICK UP THE VEHICLE. If check is cashed, service charges may be applied for other types of payment.** \*\*\* The customer will be informed of any costs for which they are responsible before becoming obligated. \* \_\_\_\_\_ Initial

I authorize the liable insurance carrier to submit payment directly to **Collision Craft, Inc.** in my behalf. I further appoint **Collision Craft, Inc.** my true and lawful attorney to endorse any insurance check covering repairs to my automobile for this claim on my behalf. I will assume responsibility to forward any and all misdirected payments to **Collision Craft, Inc.**

**I am aware and understand that the final cost of repairs is my responsibility, regardless of insurer or other third party agreements.**

Shop Estimate	\$ _____
Insurance Estimate	\$ _____
Difference	\$ _____
Additional Repairs	\$ _____
Other	\$ _____

**Total Amount** \_\_\_\_\_ (Initial)

\*\*\*I AUTHORIZE COLLISION CRAFT, INC. TO MAKE REPAIRS TO MY VEHICLE. I HAVE READ AND AGREE TO THE TERMS OF THIS AUTHORIZATION AND THE SEPARATE PAYMENT POLICY ISSUED TO ME. I HAVE INITIALED AS EVIDENCE THAT I AM AWARE THAT MY FACSIMILE SIGNATURE IS AUTHENTIC AND BINDING. I GIVE MY PERMISSION TO **COLLISION CRAFT, INC.** TO OPERATE THE ABOVE-REFERENCED VEHICLE FOR THE PURPOSE OF TESTING AND/OR INSPECTION.

Authorized by \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_  
 Facsimile Initials \_\_\_\_\_