

## Authorization to Repair

**Name:** \_\_\_\_\_ **Vehicle:**

\_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Claim #** \_\_\_\_\_

I authorize Horton's Collision Center of Vidalia, Inc. to repair the above vehicle. I understand that my deductible payment of \$ \_\_\_\_\_ is due in full upon the release of the vehicle. I grant Horton's Collision Center of Vidalia, Inc. and its employees permission to operate the vehicle for purposes of repairing and road testing. An express mechanics lien is hereby acknowledged on above vehicle to secure the amount of the repairs thereto. Horton's Collision Center of Vidalia, Inc. will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond their control. Old parts removed from vehicle will be junked unless otherwise instructed. Any and all insurance checks should be sent to the Horton's Collision Center of Vidalia, Inc.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_