



WORK AUTHORIZATION / DIRECTION TO PAY

I authorize "HUBLER EXPRESS COLLISION" to perform the repair work described on the repair estimate form, utilizing necessary labor, parts and materials. I agree that "HUBLER EXPRESS COLLISION" is not responsible for delays caused by unavailability of parts, or delays in part shipments by the supplier or transporter & I acknowledge that HUBLER EXPRESS COLLISION is not responsible for additional rental vehicle charges as a result of such delays. I understand that all "HUBLER EXPRESS COLLISION" estimates and final invoices are based upon flat rate hours as is customary in the Collision Repair Industry, not actual time spent on repairs. I understand that a flat rate hour is a unit of time given for a certain repair operation and that actual time spent on a repair operation can vary greatly from the flat rate time given to a labor procedure depending on technician experience and equipment provided and/or training. I understand if closer analysis finds additional labor, parts or materials are necessary to complete the repair, I will be contacted for authorization, only if the amount of repairs that I pay will be increased .

I grant "HUBLER EXPRESS COLLISION" employees permission to operate my vehicle for the purpose of testing and/or inspection. I authorize "HUBLER EXPRESS COLLISION" to move my vehicle if necessary to any of their locations to expedite repairs to my vehicle. I understand that I will receive my completed vehicle at the original drop off location unless other arrangements have been made. I understand that if I have any issues or concerns with the repairs to my vehicle those are able to be addressed with the original drop off location.

I acknowledge that this document advises me to remove all of my personal belongings from my vehicle and all my keys not necessary to operate the vehicle from my key ring, and understand that "HUBLER EXPRESS COLLISION" is not responsible for loss of these items. In addition, I acknowledge that HUBLER EXPRESS COLLISION, is not responsible for any damage to my vehicle, while it is in their possession, resulting from fire, weather, or any "Acts of God."

POWER OF ATTORNEY

I appoint "HUBLER EXPRESS COLLISION" as my attorney in fact, to accept on my behalf any and all checks, drafts or bills of exchange, and to endorse all such checks, drafts or bills of exchange for deposit to the "HUBLER EXPRESS COLLISION" account, as credit on my account for repairs on my vehicle.

PAYMENT POLICY

I understand all repairs completed by "HUBLER EXPRESS COLLISION" are on a C.O.D. basis. I will agree to have my insurance check upon delivery of my vehicle. I understand the following methods of payment are accepted by "HUBLER EXPRESS COLLISION", 1) cash; 2) personal and business check (with proper id); 3) insurance check; 4) certified check; 5) credit card and debit card ** (Master Card, Visa)**; 6) Direction to pay with agreement with insurance co. No vehicle will be released until payment is made in full. Please be certain all payees (including all lien holders) have endorsed the insurance check prior to completion of repairs.

MECHANIC'S LIEN

I expressly acknowledge a mechanic's lien on my vehicle to secure the amount of the repairs. I agree to pay reasonable attorneys fees and court costs in the event legal action is necessary to enforce this contract.

DIRECTION TO PAY

Vehicle Year, Make, and Model _____

Insurance Company _____ Claim # _____

Hubler Express Collision RO# _____

I agree to allow the insurance company stated above to issue payment for repairs on the vehicle stated above in full directly to "HUBLER EXPRESS COLLISION" and mailed directly to: **Hubler Express Collision – Corporate Headquarters**
1202 E. Stop 12 RD.
Indianapolis, In 46227

SIGNED _____ DATE _____

PRINTED NAME _____