

# Auto Body Concepts

## Customer Information

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

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Mailing Address (If different from above):** \_\_\_\_\_  
City State Zip

**BEST Phone:** \_\_\_\_\_ **Second Phone:** \_\_\_\_\_

**What is your update communication preference?** Text \_\_\_\_\_ Call \_\_\_\_\_

**Email:** \_\_\_\_\_

**How did you find out about us?** \_\_\_\_\_

**Have you received funds from insurance?**  YES  NO **If yes, what was the amount of the check/funds?** \$ \_\_\_\_\_

It is our goal to repair your vehicle so that it looks and drives as it did before the damage. If you have any questions or concerns about the repair of your vehicle or the insurance claim, please feel free to call us. We guarantee our paint and body work for the life of your ownership of your vehicle. If any problems should arise after the delivery of your vehicle, please call us as soon as possible so that we may remedy them.

**I understand that due to national parts shortages, my vehicle's repairs may be delayed. I also understand that I will be responsible for extended rental or other costs, if any.**

By signing below, I authorize Auto Body Concepts to repair my vehicle. I also understand by signing, I am agreeing that if the insurance company, if any, does not pay all costs, original estimate, any supplements, and/or deductibles, I AM RESPONSIBLE for such costs. I also understand that my vehicle WILL NOT BE RELEASED until all costs are paid in full. I further understand that I am solely responsible for removing and securing my PERSONAL BELONGINGS from my vehicle, Auto Body Concepts is not responsible for loss or damage of belongings.

**I further understand that Auto Body Concepts will store my vehicle indoors or behind high fenced areas. All areas are surveyed by security cameras and every precaution will be taken to ensure the safety and security of my vehicle. I understand that Auto Body Concepts will not be responsible for any damages beyond their control, such as, severe weather, theft, or other damages that may occur.**

I do understand I owe Auto Body Concepts \$ \_\_\_\_\_ (initials) \_\_\_\_\_ for the deductible for the repairs to my vehicle. I also understand that my deductible will be \*\*\*\*\*DUE IN FULL BEFORE\*\*\*\*\* my vehicle is released, I also understand \*\*\*\*\*NO PERSONAL CHECKS\*\*\*\*\* are accepted.

By clicking the Sign button below, you are signing this document electronically. You agree that your electronic has the same meaning as your handwritten signature.  
I hereby agree to the above terms and conditions.

**Customer Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

### INSURANCE COMPANY PAYMENT DIRECTION

**INSURANCE COMPANY:** \_\_\_\_\_

**CLAIM#** \_\_\_\_\_ **MAKE & MODEL:** \_\_\_\_\_

I, \_\_\_\_\_, owner of the vehicle being repaired have not received payment from the insurance company and do hereby authorize said insurance company to pay Auto Body Concepts \$ \_\_\_\_\_ request in my name. By this agreement, I give up my right to any and all payments for the repair of my vehicle regarding the above claim number.

### POWER OF ATTORNEY

I do hereby appoint Auto Body Concepts as my attorney-in-fact on my behalf, to accept, sign and deposit, any or all checks, drafts or eft for deposit to Dano Enterprise, Inc. business account for the credit of my account for repairs on my vehicle, which has been released to me and I have accepted.

**Customer Signature X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness X** \_\_\_\_\_ **Date:** \_\_\_\_\_