



Phone: 603-882-6822 . 149 Amherst St. Nashua, NH 03064 . Fax: 603-889-8802

\*\*\*\*\*

**REPAIR AUTHORIZATION AND DIRECTION TO PAY**

**INSURANCE PROCEEDS TO:**

**ST. LAURENT COLLISION CENTER TAX ID# 84-3902392**

\*\*\*\*\*

**CUSTOMER DETAILS:**

CUSTOMER NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CUSTOMER CELL TELEPHONE #: \_\_\_\_\_

CUSTOMER EMAIL: \_\_\_\_\_

**VEHICLE DETAILS:**

VEHICLE YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ VIN#: \_\_\_\_\_

INSURANCE CO: \_\_\_\_\_ CLAIM# \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

ORIGINAL REPAIR AMOUNT: \_\_\_\_\_

SUPPLEMENTAL REPAIR AMOUNT: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

\*\*\*\*\*

ST. LAURENT COLLISION AUTO CAN RESTORE ANY VEHICLE TO SHOWROOM CONDITION. HOWEVER, DUE TO THE REQUIRED USE OF AFTERMARKET PARTS, USED PARTS AND REPAIR GUIDELINES BY CERTAIN INSURANCE CARRIERS, QUALITY STANDARDS CAN VARY FROM VEHICLE TO VEHICLE. IF SHOWROOM STANDARD IS EXPECTED BY THE CUSTOMER, IT MUST BE EXPRESSED IN WRITING PRIOR TO REPAIRS. THE CUSTOMER WILL BE RESPONSIBLE FOR THE DIFFERENCE IN THE COST. PAYMENT OF THE DIFFERENCE MUST BE PAID PRIOR TO OR AT THE TIME OF VEHICLE PICK UP.

ST. LAURENT COLLISION CENTER WILL NOT PAY FOR ANY DIMINUTION IN VALUE OR DEPRECIATION TO THE CUSTOMERS MOTOR VEHICLE . IF ANY DEFECT IS FOUND ON A VEHICLE REPAIRED AT ST LAURENT COLLISION CENTER AFTER DELIVERY, THE CUSTOMER MUST RETURN THE VEHICLE TO ST. LAURENT COLLISION CENTER FOR THE REPAIRS. UNDER NO CIRCUMSTANCES WILL ST. LAURENT COLLISION CENTER PAY FOR ANY REPAIR PERFORMED BY ANOTHER COLLISION REPAIR SHOP, MECHANICAL SHOP, DEALERSHIP, PRIVATE INDIVIDUAL, OR INSURANCE COMPANY.

I AUTHORIZE ST. LAURENT COLLISION CENTER TO REPAIR THE ABOVE VEHICLE AND TO COMMUNICATE REPAIR DETAILS INCLUDING DIAGNOSTIC INFO WITH THE INSURANCE COMPANY COVERING MY CLAIM.

I AUTHORIZE ST. LAURENT COLLISION TO RECEIVE INSURANCE PAYMENT(S) ON MY BEHALF FOR THE REPAIR OF MY VEHICLE ON COMPLETION OF WORK (THIS INCLUDES ANY SUPPLEMENT AMOUNTS).

IF NOT PAID BY THE INSURANCE COMPANY WITHIN (30) DAYS, I AM RESPONSIBLE FOR PAYMENTS WITHIN (5)DAYS, COMPOUNDED MONTHLY, PLUS ATTORNEY'S FEES AND ALL COSTS OF COLLECTION. THE RATE OF INTEREST WILL CONTINUE EVEN IF A SUIT IS BROUGHT TO COLLECT ANY BALANCE OWED HEREUNDER. IF NO INSURANCE IS AVAILABLE, THEN PAYMENT IS DUE IN FULL BY BANK CHECK, MONEY ORDER OR CREDIT CARD AT THE TIME OF VEHICLE PICK UP. UNTIL SUCH TIME OF FULL PAYMENT, I ACKNOWLEDGE A MATERIALMAN'S LIEN TO ST. LAURENT COLLISION AUTO INC. ON MY VEHICLE

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_