



Owner's Name _____

Yr/Make Vehicle _____

REPAIR AUTHORIZATION

I authorize PROCARE COLLISION to estimate and repair my vehicle, unless it is deemed an economical total loss by my insurance carrier. I grant PROCARE COLLISION permission to operate my vehicle for the purposes of diagnosis, testing and inspection. I understand that an expressed mechanic's lien is acknowledged for the amount of repairs. I agree that PROCARE COLLISION is not responsible for loss or damage of this vehicle due to fire, theft or any other cause beyond its control or for any delays caused by the unavailability of parts or shipping delays.

DIRECTION TO PAY/ POWER OF ATTORNEY

I authorize any and all payments from my insurance carrier to be directed to PROCARE COLLISION for the repairs listed on and for any supplements to the repair order. I authorize PROCARE COLLISION to act as Power of Attorney to endorse all payments made on my behalf.

SCAN AUTHORIZATION

I authorize Repair Diagnostic Scans as necessary. I understand my vehicle may require a diagnostic scan of computer history as well as clearing of stored error codes. Once cleared, historical data may be lost. I also understand that the diagnostic scan may include or reveal information about my vehicle and or the accident and I authorize the collision shop to share this information with my insurance carrier or other third parties in the due course of repairing my vehicle. I hold PROCARE COLLISION harmless against any claims for damage related to information being shared, altered, damaged or destroyed as a result of scanning my vehicle in connection with the repairs performed or contemplated by PROCARE COLLISION.

NOT RESPONSIBLE FOR ARTICLES LEFT IN VEHICLE

Please remove belongings from my car, including but not limited to my GPS, cell phone, iPad or tablet, cell phone charger, sunglasses, pets, small children or anything else that may be of value to me and I fully accept and understand that PROCARE COLLISION is not responsible for lost articles, damage, fire or theft.

NOTICE PURSUANT TO SECTION 70.001, TEXAS PROPERTY CODE

I am the person, or agent acting on behalf of the person, who is obligated to pay for the repair of the motor vehicle subject to this repair contract. I understand that this vehicle is subject to repossession in accordance with Section 9.609, Texas Business and Commerce Code, for non-payment of any kind. Should this occur, I further agree to pay any and all reasonable fees associated with this process.

****WE DO NOT ACCEPT PERSONAL CHECKS OR CASHIERS CHECKS****

SIGNED

X _____ DATE: _____
SIGNATURE OF PERSON/AGENT RESPONSIBLE FOR PAYMENT