

SUDDEN IMPACT COLLISION CENTER

Payment Policy

You will need to have the following payment with you when you come to pick up your vehicle:

- You will need to pay the full amount (original, supplemental and deductible) at time of delivery.
- You will need to pay your insurance deductible and any betterment charges (if applicable) of \$ \_\_\_\_\_
- You will need to bring any insurance checks you have received.

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Authorized By \_\_\_\_\_ Date \_\_\_\_\_

Customer: \_\_\_\_\_ Claim Number: \_\_\_\_\_

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Email Address

**DIRECTION OF PAYMENT:** I hereby direct \_\_\_\_\_ insurance company to make payment on my behalf directly to Sudden Impact Collision Center. Payment is for repairs to my automobile. I acknowledge responsibility for payment of the amount of the repairs in the event I receive the check instead of Sudden Impact Collision Center. A repair work is completed to by satisfaction and I authorize you to make payment directly on my behalf.

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Authorized by \_\_\_\_\_ Date \_\_\_\_\_

**WORK AUTHORIZATION:** I hereby authorize the repair of the vehicle identified below by Sudden Impact Collision Center. Sudden Impact Collision Center is not responsible for any loss or damage to the vehicle or any articles left in the vehicle in case of fire, theft or any other causes beyond their control. This includes delays caused by the shipping or unavailability of parts. I also hereby grant permission to Sudden Impact Collision Center employees to operate this vehicle for purposes of testing or transporting for related work or inspection. Sudden Impact Collision Center reserve the right to repair this vehicle at any of their facilities with your knowledge. An expressed mechanic’s lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. I further agree to pay reasonable attorney fees and court costs in the event legal action is necessary to enforce this contract.

**TERMS:** I acknowledge that the total estimate of repairs to include all parts, labor, handling and diagnosis. I agree that if closer analysis finds that additional repairs are necessary. Sudden Impact Collision Center is authorized to carry out said repairs with the approval of the Insurance Company recognizing liability. If additional repairs raise the amount of my (customer) payment, I will be notified by Sudden Impact Collision Center for authorization.

I further acknowledge that my insurance company may send a check as payment for repairs directly to me (Customer). In the event this occurs, I agree I will not deposit the check but instead will endorse it and deliver to Sudden Impact Collision Center for settlement of my account. Any payment in excess of my account with Sudden Impact Collision Center will be refunded to me. Please do not cash or deposit the insurance check as it contains necessary information to process this claim.

**POWER OF ATTORNEY:** For consideration of repairs made to this vehicle, I hereby grant Power of Attorney authorization to sign or endorse any checks and/or draft made payable to me and any release hereto as settlement for my claim from damage to this vehicle.

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Authorized By \_\_\_\_\_ Date \_\_\_\_\_

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Vehicle Make/Model/Year

Vehicle Information Number