

# Repair Authorization Form

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*USING THE MOST MODERN EQUIPMENT AND TECHNOLOGY*

SULLIVAN'S AUTO BODY, INC.  
6731 SOLOMON'S ISLAND ROAD  
SUNDERLAND, MARYLAND 20689  
TEL: 410-257-3888 • FAX: 301-855-0304  
[www.sullivansautobody.com](http://www.sullivansautobody.com)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DO YOU WANT TO BE CONTACTED? \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

I hereby authorize the above repair company to repair my vehicle based upon the estimate(s). I agree to allow your employees to operate the above vehicle for purposes of repairing, testing, inspection or delivery. Sullivan's Auto Body, Inc. will not be held responsible for loss or damage to my personal property and or articles left in my vehicle in case of fire, theft or accident or any other cause. Storage fees of \$50.00 a day will be charged if vehicle is not picked up 72 hours after completion of repairs. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. In event legal action is necessary to enforce this contract, I the above will pay reasonable attorney's fees and court costs.

The undersigned grants limited power of attorney to Sullivan's Auto Body, Inc. for the purpose of endorsing insurance checks in the event co-pay insurance checks and or drafts is/are issued to shop for repair of said vehicle.

**WE ARE UNABLE TO GUARANTEE A COMPLETION DATE OR TIME, DUE TO THE COMPLEX NATURE OF THE REPAIR PROCESS. THEREFORE WE DO NOT ACCEPT ANY LIABILITY FOR RENTAL FEES THAT EXCEED YOUR INSURANCE COMPANYS LIMITS.**

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_