REGAL REPAIR™

AUTHORIZATION

RO/EST#: _____
Date In: _____

Name: _____ **Phone**: _____ Email: _____

Address: _____ **Insurance** _____ Claim #_____

Vehicle: _____ **Vin#**: _____ Odometer- _____
(Year / Make / Model)

AUTHORIZATION FOR "TEAR-DOWN": I hereby authorize Regal Repair. Inc. to Tear-Down (disassemble) the necessary components from my vehicle in order to identify all damaged parts related to the collision and prepare an estimate for repair. Should I choose not to authorize the repair required, I understand that I will be liable for the Tear-Down labor cost of **$_4_8_0____**.
I further understand that in case of severe collision damage, it may be impossible to reassemble/attach all the vehicles damaged components. Vehcle will be reassembled within 3-days of vehicle owner written notification.

"Tear-Down" Authorized/Accepted By: _____ Date: _____

AUTHORIZATION FOR "REPAIR": I hereby authorize Regal Repair, Inc. to complete the necessary repair to my vehicle and provide me with an oral/written evaluation. I hereby grant Regal Repair, Inc permission to perform a pre and post-repair diagnostic scan on my vehicle as part of the repair process. I acknowledge the repair shop will not be held liable for problems with the vehicle that cannot be detected without proper diagnostic scans. I authorize Regal Repair, Inc. the purchase of parts and materials necessary for said repairs. I hereby grant Regal Repair, Inc. employees permission to operate my vehicle on streets, highways, or elsewhere for the purpose of testing, inspection, sublet repairs, delivery or pick up. I WILL NOT HOLD THE REGAL REPAIR, INC. RESPONSIBLE FOR LOSS OR DAMAGE TO VEHICLE AND/OR ARTICLES LEFT IN CASE of fire, theft accidnet or any other cause beyond their control. I understand that I must give prior written notice if I desire return of used or damaged parts. I understand that Regal Repair, Inc. will impose a storage charges after 72 hours from my notification of the completion of the vehicle repair.
IN CASE OF TOTAL LOSS: Vehicles towed or driven in, then deemed a total loss, or moved to another facility for any reason by the vehicle owner or Insurance Company, may be subject to storage, debris cleanup charges, and/or estimate fees. Any labor, towing, or lift inspection f ees must be paid before a vehicle leaves Regal Repair, Inc. facility.
CANCELATION: I agree that if I cancel the work authorization before work is completed, I am responsible for paying for all work completed before notice of cancelation, as well as any parts that have been purchased already.
TIME FRAME: I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I also understand that Regal Repair, Inc. cannot be held responsible for delays that occur as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other circumstances unforeseen and uncontrollable.
SUPPLEMENTS: I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplemental claim will be submitted on my behalf to my Insurance Company and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted for authorization in the event that additional work needed.
OWNERSHIP: I certify that I am the true and lawful owner of the vehicle identified above, or the authorized representative of the owner of the vehicle identified above.

"Repair" Authorized/Accepted By: _____ Date: _____

AUTHORIZATION FOR "PAYMENTS": (Including but not restricted to Insurance & Supplement payments for repairs)
I hereby authorize any and all insurance payments and supplements for repairs made to my vehicle to be paid directly to Regal Repair, Inc. For consideration of repairs made to this vehicle. I hereby grant my **POWER OF ATTORNEY** to Regal Repair, Inc. to sign or endorse any checks and/or drafts made payable to me for the repairs to my vehicle, and release thereto, as settlement for my claim or damage to my vehicle. This includes all Insurance Payments and Supplement payments following delivery of the vehicle. I understand that unless other arrangements are made, the total amount of the repair charges must be paid in full before the vehicle will be released for delivery. I understand that on completion of repairs and failure to pay AN EXPRESS MECHANIC'S LIEN will be applied to the above vehicle to secure the payment-amount for repairs, and I further agree to pay reasonable attorney's fees and court costs in the event that legal action is necessary to enforce this contract. Regal Repair, Inc. Accepts Visa, Amex, Mastercard, Discover, Debit, Cash and Insurance checks.

"Payments" Authorized/Accepted By: _____ Date: _____