



2314 S. Post Road  
 Shelby, NC 28152  
 Phone: 704-482-3616  
 Fax: 704-482-4391

947 West Main Street  
 Forest City, NC 28043  
 Phone: 828-382-8000  
 Fax: 828-382-3000

NAME*		EMAIL*	
HOME PHONE		CELL PHONE	
ADDRESS		CITY	
STATE, ZIP		INSURANCE COMPANY/CLAIM#	
VEHICLE YEAR*	MAKE*	MODEL*	VEHICLE VIN

**Where Did You Hear About Us?**

- Internet                      Referral
- Social Media                Other

**How Can We Contact You?**

- By Text?    Yes    No
- By Email?    Yes    No

**Work Authorization:**

I hereby authorize the repair work that has been explained to me to be done along with the necessary materials.

- I agree that Absolute Collision is not responsible for loss or damage to my vehicle or articles left in case of fire, theft, or any other cause beyond Absolute Collision's control for any delays due to the complexity of the repair process. Delays include but are not limited to: Hidden Damage, Parts Backorders, Shipping Delays, Authorization Of Repairs, Insurance Company Inspections or Re-Inspections, and/or Supplement Approval.
- I hereby grant you and/or your employees' permission to operate the vehicle herein described on street, highway, or elsewhere for the purpose of testing and/or inspection.
- Absolute Collision cannot be held liable for any charges either incidental or incurred. Rental coverage issues and policy limits are set by the Insurance company and limits may be exceeded due to the repair process.
- Old Parts removed from the vehicle will be disposed of unless otherwise instructed.
- I understand that payment in full is required for the release of the vehicle and that no personal checks will be accepted.
- I agree that Insurance Check(s) must be endorsed by all payees (including lienholders) prior to the vehicle being released.
- An express mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto.

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Direction of Pay:**

I authorize the insurance company listed above to pay Absolute Collision directly for repairs to my vehicle and grant Absolute Collision power of attorney to receive and deposit any payments related to this claim.

ACCEPTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_