

BARNES BODY SHOP, INC

282 SCHOOL ST
BEDFORD, PA 15522

814-623-2744

NAME: _____ PHONE #: _____

ADDRESS: _____

YEAR/MAKE/MODEL: _____

VIN #: _____

INSURANCE CO: _____ CLAIM #: _____

I AUTHORIZE THE REPAIRS, AS DESCRIBED ON THE ESTIMATE, TO BE PERFORMED BY UTILIZING THE NECESSARY PARTS, LABOR AND MATERIALS. I GRANT PERMISSION TO OPERATE MY VEHICLE HEREIN DESCRIBED FOR THE PURPOSE OF TESTING/INSPECTING. I AGREE THAT BARNES BODY SHOP, INC IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO THE VEHICLE, ARTICLES LEFT IN THE VEHICLE IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL OR FOR DELAYS IN PARTS SHIPMENT. AN EXPRESS MECHANIC'S LIEN IS HEREBY ACKNOWLEDGE ON THE VEHICLE TO SECURE THE AMOUNT OF REPAIRS THERETO.

I DO HEREBY APPOINT BARNES BODY SHOP, INC AS MY LIMITED POWER OF ATTORNEY TO ACCEPT ON MY BEHALF ANY AND ALL CHECKS OR DRAFTS AND TO ENDORSE SUCH CHECKS OR DRAFTS TO BARNES BODY SHOP, INC FOR CREDIT TO MY ACCOUNT FOR THE REPAIRS ON MY VEHICLE.

CUSTOMER SIGNATURE

DATE

I AM SATISFIED WITH THE COMPLETED REPAIRS AND I DIRECT MY INSURANCE COMPANY TO PAY BARNES BODY SHOP, INC DIRECTLY ON THE AFOREMENTIONED CLAIM NUMBER FOR THE FINAL BILL. IN THE EVENT THAT THE INSURANCE COMPANY INADVERTENTLY MAILS SETTLEMENT CHECK OR DRAFT TO ME, I AGREE TO NOTIFY BARNES BODY SHOP, INC WITHIN 24 HOURS OF RECEIPT SUCH CHECK OR DRAFT.

CUSTOMER SIGNATURE

DATE