



**7588 Tyler Boulevard
Mentor, OH 44060
440-946-2178
Fax: 440-946-3584**

**24790 Lakeland Blvd.
Euclid OH 44132
216-289-3677
Fax: 216-289-3681**

collisioncenter@dsautomotive.com

Repair Authorization/Payment Authorization

Year _____ Make _____ Model _____

License _____ Vin _____

Mileage _____

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Cell # _____

You are hereby authorized to make the above specified repair. I understand that payment in full will be due upon release of vehicle, including additional supplemental damage charges, and hereby grant you and/or your employees, permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. Old parts removed from vehicle will be junked unless otherwise instructed! I authorize any and all supplements payable direct to you. I authorize you to act as power of attorney to sign insurance checks to pay for damages to above vehicle.

X _____ Date _____