

Repair Authorization and Direction To Pay

MAINE COLLISION CENTER

72 Target Industrial Circle, Suite 1
Bangor, Maine 04401
Phone: 207-941-1920 Fax: 207-947-7578
Toll Free: 1-800-941-1920
Fed ID #010546203

Vehicle Owner's Name: _____

Driver's Name: _____

Phone number _____ Cell phone _____

What is your preferred method of contact? Text _____ Call _____

Email _____ Email address _____

Vehicle Description: _____
Year Make Model Color

Insurance Company: _____

Claim Number: _____ Deductible Amt: _____

Adjuster: _____

PARTS PRICES SUBJECT TO INVOICE/AUTHORIZED AND ACCEPTED:

You are hereby authorized to make the above-specified repairs. I understand that payment in full will be due upon release of my vehicle, including additional supplemental damage charges and hereby grant you and/or your employee's permission to operate the vehicle herein described on street, 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 directly to you. I authorize you to act as power of attorney to sign insurance checks to pay for damages to above vehicle.

Vehicle Owner's Signature

NO Personal checks accepted as payment.