

AFTER HOURS KEY DROP OFF

Name						
Other Names on Vehicle (all names must sign)						
Address		City	_StateZip			
Email Address		Telephone				
Year	Make	_Model	Color			
Best person to speak with?						
Payment arrangements	Self-pay	Insurance	Third party			

INSURANCE DETAILS

Please provide information if insurance is involved. If not, you will be held responsible for any additional charges.

Insurance Company		
Adjuster's Name	Claim#	Deductible:

_____ (Initials) I hereby appoint Louisville Collision Center with Power of Attorney to endorse insurance or third party payments on my behalf to be applied towards the costs of repairs. In addition, I understand that all funds must be accounted for at time of delivery of repair, and take full responsibility for the costs incurred throughout my repair process. These charges may include, but are not limited to: labor, parts, paint and materials, sublet operations, and other miscellaneous fees associated with collision repairs.

_____ (Initials) I understand that Louisville Collision Center is not responsible for any loss or damage to my vehicle or articles left in the vehicle in case of fire, theft, or natural disaster. In addition, Louisville Collision Center is not responsible for any alternate transportation costs including, but not limited to, taxi, rental cars, or loss of use incurred during the course of repairs.

I hereby authorize Louisville Collision Center to perform repair work in conjunction with the repair estimate provided to me by their staff, or by my insurance company's agent. Louisville Collision Center and its staff have my authority in operating the vehicle as needed during the course of repairs.

 (Signature) Owner of Vehicle	Date
 (Signature) Owner of Vehicle	Date

Please Note: **No personal checks in excess of \$1,000.00 can be accepted.** In the event your vehicle is not repaired, charges will include administrative, restocking, storage, and labor fees relative to work performed up to the time vehicle is deemed a total loss.