Hazelwood Body & Fender
6423 Hazelwood Avenue
Rosedale MD 21237

Authorization for Repair and Direction of Pay

Customer Name:_____

Vehicle:_____

Insurance Company:_____

Preferred Contact Method: Text ____ Email ____ Phone _____ (check one)

Repair Authorization

I DO HEREBY give my consent for repairs to be done to my vehicle by **Hazelwood Body & Fender** and/or their subcontractors or designees, as set forth in the repair order or "Estimate of Record" dated _____ in the initial amount of $_____ . I acknowledge receiving a written estimate of work to be done to my vehicle; I authorize the work to be done and for **Hazelwood Body & Fender** to use parts, processes and materials that will be necessary to complete the repairs. I authorize the shop to operate the vehicle for purposes of testing, performing calibration procedures and inspecting prior to delivery at my risk. The shop will not be held responsible for loss or damage to the vehicle or for articles left in the vehicle in case of fire, theft or accident or any other cause beyond the shops control. I understand that I am responsible for all charges, deductible amounts and or any balance due if not covered by the insurance company or other liable parties including me personally at the time of vehicle pick/up.

ALL CHARGES MUST BE PAID IN FULL WHEN THE VEHCILE IS COMPLETED AND READY FOR PICK/UP AND DELIVERY. Payment is to be made in full for the entire amount in full by insurance check, bank check, and cash or by credit card. We accept VISA, MASTERCARD, and DISCOVER CARD.

I also understand that:

1. Charges not covered by the insurance company are my responsibility, including but not limited to the following: Towing, Deductibles, Betterments, or for additional work authorized by me.
2. An express mechanics' lien is hereby acknowledged to secure the cost of repairs to my vehicle in the event of non-payment by me.

Scan Code Diagnostics

I understand that there will be scan code diagnostic procedures performed that are required by the vehicle manufacturer for purposes of identifying diagnostic codes in the vehicle's computer system. This scan is a required step in the repair process. My insurer may or may not recognize these as necessary. Due to this fact, this authorization recognizes the need and requirements for the shop perform them on my behalf. It may be necessary for me to pay for the scanning portion of the repair invoice and then submit that portion of the bill directly to my insurer for reimbursement. I recognize the fact that not completing the repair scans could result in serious injury or worse for occupants in my vehicle.

- **I APPROVE any necessary diagnostic scanning of my vehicle. INITIALS _____ Date _____**

- **I DECLINE the necessary diagnostic scanning of my vehicle, understand and assume all risk for this step not being completed.**

  INITIALS _____ Date _____

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Signature _____ Date _____

Printed Name _____

With the exception of parts that are required to be returned to the vehicles' manufacturer or part distributor for purposes of warranty or as a core charge, I would like to have the damaged parts returned to me following the repairs;

Yes _____ No _____ Initials _____