



8536 Terminal rd. Unit G

Lorton, VA, 22079

571-721-0868

LBpremiumauto@gmail.com

Work Authorization

Name _____ License Plate _____

Address _____

Home Phone _____ Business/Cell Phone _____

Year _____ Make _____ Model _____

Insurance Company _____ Claim # _____

I hereby authorize the repair work to be done along with necessary material, and hereby grant you/your employees' permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing/inspecting. An express mechanics lien is hereby acknowledged on the above vehicle to secure the number of repairs thereto. PREMIUM AUTO REFINISH COLLISION CENTER is not responsible for the availability of parts, or delays in part shipments beyond their control, nor for the loss, or damage to the vehicle, or articles left in the vehicle in case of fire, theft, or any cause beyond our control.

I do hereby appoint the aforementioned business to accept on my behalf any, and all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released, and accepted.

Direction to Pay

I authorize _____ Insurance Company to pay Premium Auto Refinish Collision Center directly on claim number _____ in the amount of \$_____. In the event the insurance, or the adjustment company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify the said shop immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check.

Customer Printed Name

Customer Signature

Date

Shop Representative Signature