



## Buchholz Paint and Autobody

4340 NE 49<sup>th</sup> Avenue | Gainesville, FL 32609

Phone: 352-373-5482 | Fax: 352-373-8366

EIN: 02-0540343

**I HEARBY AUTHORIZE REPAIRS TO BE DONE** along with any necessary materials that may be needed. I also authorize you and your employees to operate the vehicle for the purpose of testing, inspection and delivery at my risk. I agree that if any obligation for said repairs, parts or other materials are not paid when due, or suit is brought for payment, I shall be responsible for all costs of collection including repossession and repossession fees, attorney fees, court costs and interest provided by law. An express mechanics lien is acknowledged on below vehicle to secure the amounts of the repairs thereto. I further understand you and your company will not be held responsible for loss or damage to the vehicle or articles left in vehicle in the case of fire, theft, accident or causes beyond your control. I am authorizing the insurance company to make direct payment to Buchholz Paint and Autobody, and appointing your company as my true and lawful attorney; to sign my name on back of checks if payment is made after delivery of vehicle. Any vehicles left past completed repair date and/or totaled vehicles will be subject to a minimum administration fee of \$100.00 and storage charges of \$25.00 per day. Storage will start from date of completion and/or date the vehicle was declared a total loss by insurance company. If prior arrangements are made to dropping off vehicle, fees will be waived. I also am consenting to receive phone calls, text messages and/or emails during and/or after vehicle repair has completed. In the event that my vehicle's computers need to be scanned or reset for proper repairs to take place, I understand that any of my personal data (song lists, GPS, sync information, etc.) may be lost or erased and will not hold repair facility responsible. By signing, I certify that I have read and understand all of the above items and provisions in its entirety.

**Please read carefully and check one of the statements below:**

I understand that under State Law I am entitled to a written estimate if my final repair bill exceeds \$100.

\_\_\_\_\_ I request a written estimate

\_\_\_\_\_ I do not request a written estimate as long as my final repair bill does not exceed  
\$\_\_\_\_\_. The shop may not exceed this amount without my written or oral approval.

\_\_\_\_\_ I do not request a written estimate

**PRINT:** \_\_\_\_\_

**SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

**MAKE:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_

