

AutoTeam Automotive Repair, Inc

SERVICE REPAIR

- NAME: _____
- ADDRESS: _____
- CITY: _____ STATE: _____ ZIP _____
- PHONE: _____ CELL: _____
- EMAIL: _____

WORK AUTHORIZATION

I authorize **AutoTeam** to perform the repair work described on the repair estimate form, utilizing necessary labor, parts and materials. I agree that **AutoTeam** is not responsible for delays caused by unavailability of parts, or delay in parts shipments by the supplier or transporter. I grant **AutoTeam** employees permission to operate my vehicle for the purpose of testing and/or inspection. I understand if any closer analysis finds additional labor, parts or materials are necessary to complete the repair. I will be contacted for authorization, only if the amount of repairs that I will pay will be increased.

PLEASE NOTE: A daily storage charge may be applied of up to **\$25.00 per day** for motor vehicles that have not been picked up after 1 working day from the date of notification that repairs have been completed.

Old parts from cars will be junked unless otherwise instructed.

MECHANICS LIEN

I expressly acknowledge a mechanics lien on my vehicle to secure the amount of the repairs. I agree to pay reasonable attorney's fees and court costs in the event legal action is necessary to enforce this contract.

PLEASE READ CAREFULLY, CHECK ONE OF THE FOLLOWING STATEMENTS BELOW AND SIGN BELOW

- I UNDERSTAND THAT UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL REPAIR BILL WILL EXCEED \$100.00
- I REQUEST A WRITTEN ESTIMATE
- I DO NOT REQUEST A WRITTEN ESTIMATE, AS LONG AS THE REPAIR SHOP COSTS DO NOT EXCEED \$ _____ THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.
- I DO NOT REQUEST A WRITTEN ESTIMATE

Accepted By: _____ Date: _____