



## Repair Processes & Authorization Form

**All Star Automotive**, appreciates you selecting our facility for repairs. We work for the registered vehicle owner and not 3<sup>rd</sup> party companies, including insurance companies. Please take a moment to review the following.

**Vehicle Check-in process**- An advisor will review damages to your vehicle. This will allow us to confirm the damages as well as acknowledge pre-existing damages, mileage and fuel level.

**Length of Repairs**- There are many vehicles in the repair process; therefore we are unable to give an exact date of completion. Time frames are adjusted as needed due to hidden damages, supplements, parts availability, production delays and any other factors. All Star Automotive will NOT be responsible for providing rentals, loaners or paying any rental charges.

\* \_\_\_\_\_ Initial here

**Test Driving Vehicle**- We would like to advise you of the possibility that your vehicle may be driven upon completion. (Reasons for test drive: *operation of blind spot monitoring, pre-crash detection, lane keep assist, adaptive cruise control, vehicle cooling, post repair scans, alignment verification and sublet work*)

\* \_\_\_\_\_ Initial here

**Personal Belongings**- All customers are advised to remove any and all personal items from their vehicle. All Star Automotive assumes no responsibility for loss or damage to your vehicle or personal items caused by theft, fire, weather or any other causes. All Star will NOT be responsible for personal items left in the vehicle.

\* \_\_\_\_\_ Initial here

**Rates**- I understand if the insurance company does not agree to current shop rates, I the customer am responsible for any difference in payment.

\* \_\_\_\_\_ Initial here

**Power of Attorney & Direction of Payment**- I HEREBY APPOINT ALLSTAR AUTOMOTIVE GROUP AS MY ATTORNEY IN FACT TO ENDROSE INSURANCE CHECKS, FOR THIS VEHICLE AND CLAIM.

\* \_\_\_\_\_ Initial here

**Methods of payment**- Customer is responsible for full payment upon completion of repairs including and not limited to, supplements, deductibles, betterments and rates. Acceptable forms of payments are: insurance checks made payable to you and All Star, local cashier's checks, credit/debit cards, and personal checks with valid driver's license. We CANNOT ACCEPT insurance checks made to you and a third party (i.e. financial institutions)

\* \_\_\_\_\_ Initial here

Customer Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Customer Email: \_\_\_\_\_ Text Ok ( Y or N )

Customer Address: \_\_\_\_\_

Insurance and Claim#: \_\_\_\_\_

Alt.Phone#: \_\_\_\_\_ Year/Make/Model: \_\_\_\_\_

Concerns/Request: \_\_\_\_\_