

**WALTON COLLISION LLC
422 HIGHWAY 81 SW
COVINGTON, GA 30014
470-441-5678**

WORK AUTHORIZATION

NAME _____ LICENSE PLATE _____

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME/CELL _____ BUSINESS PHONE _____

YEAR _____ MAKE _____ MODEL _____

INSURANCE COMPANY _____ CLAIM NUMBER _____

I hereby authorize repairs along with the necessary material and hereby grant you/your employees' permission to operate the vehicle herein on streets, highways or elsewhere for testing/inspecting. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. Walton Collision LLC 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 Walton Collision LLC to accept on my behalf all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange for deposit to the business account of Walton Collision LLC for credit on my account for repair on my vehicle which has been released and accepted.

DIRECTION TO PAY

I authorize _____ Insurance Company to pay t Walton Collision LLC directly on claim number _____ for any supplement for hidden damages and or part price differences. In the event the supplement check should be mailed to you the vehicle owner you agree to bring the payment to Walton Collision at the address listed at the top of the Authorization to Repair.

Customer Printed Name X
Customer Signature X
Date X

*******PAYMENT FOR REPAIRS IS DUE AT TIME VEHICLE IS READY FOR PICK UP UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE*******

CUSTOMERS SIGNATURE: X