

TOWNE AUTO RESTORATION

1052 ROUTE 10
RANDOLPH, NJ 07869
PHONE# 973-584-8181
FAX# 973-927-2811

State Lic.# 02381A

Authorization to Repair, Customer Notices and, Direction of Payment

Vehicle owner: \_\_\_\_\_

Vehicle year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ VIN#: \_\_\_\_\_

Right to Receive Replaced Parts Notice/Waiver: A customer of this shop has the right to receive the replaced parts from vehicle. Customer is hereby notified that there will be a \$20.00 fee per day for storing the replaced parts commencing on the date the vehicle is delivered or the repairs are paid for, whichever comes first if the parts is not picked up by customer at that time. By initialing below I am waiving my right to receive the replaced parts. Initials X \_\_\_\_\_

Notice of Right to Inspect Repairs Before Making Payment: Customers of this shop or his/her insurance company have right to inspect the repaired vehicle before paying for the repairs.

Warranty Terms & Limit: These repairs are covered by a limited warranty. Labor for a period of as long as you are the owner of this vehicle. Parts and materials subject to the terms as extended by each manufacturer or vendor. Warranty repairs to be performed at sellers place of business. Seller hereby limits implied warranty to the period stated.

Storage Notice: Customers of this facility are hereby notified that we charge storage at the rate of \$45.00 per day inside and \$35.00 per day outside on vehicles left at our facility that we do not repair and on repaired vehicles left at our facility for more than five days after being notified that the vehicle is ready to be picked up.

Authorization for direct payment I X \_\_\_\_\_ hereby authorize

\_\_\_\_\_ To send payment for repairs to my vehicle directly to
Towne Auto Restoration. Date \_\_\_\_\_ Claim# \_\_\_\_\_

Authorization to Repair: I, being the true and lawful owner of the vehicle identified above or the authorized representative of the owner of the vehicle identified above also hereby authorize Towne Auto Restoration to repair this vehicle as per the estimate or repair order#.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* TAX ID# 27-3072590\*\*\*\*\*