

Lamon Auto Body

289 Rancocas Road
Mt. Holly, NJ 08060
License # 03376A

Phone 609-267-7073
Fax 609-267-1153
Mon – Fri 8am – 5pm

Authorization to Repair and Customer Notices

Vehicle Owner: _____

Phone # _____

Vehicle Year: _____ Make: _____ Model: _____

Insurance Company & Claim # _____

Amount of deductible for the insured or Self Pay \$ _____

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 hereby authorize repair.

Supplement Authorization: I have been informed that I am entitled to a detailed written estimate from this repair facility for any additional supplemental repairs discovered after the repairs are commenced and beyond the amount I originally authorized. I have been informed that if the additional supplemental repairs to my vehicle exceed \$2000.00 they will contact me.

Notice of Right to Inspect Repairs: Customers of this shop or his/her insurance company have the right to inspect the repaired vehicle.

Right to Receive replaced Parts Notice/Waiver: A customer of this shop has the right to receive the replaced parts from this vehicle. Customer is hereby notified that there will be a **\$35.00 per day** fee for storing the replaced parts commencing on the date the vehicle is delivered or the date the repairs are paid for, which ever comes first if the parts are not picked up by the customer at that time.

Storage Notice: Customers of this facility are hereby notified that we charge storage at the rate of **\$ 35.00 per day outside** and **\$ 55.00 per day inside** on vehicles left at our facility that we do not repair.

Please return your rental within 24 hours of being notified your vehicle is complete.

We are not responsible for items left in your vehicle.

Please note that we DO NOT accept American Express or personal checks. Initials _____

Signature: _____ Date: _____



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DIRECTION TO PAY & DESIGNATED REPRESENTATIVE AGREEMENT

I authorize _____ Insurance Company to issue any and all payments for the repairs to my vehicle, Year _____ Make _____ Model _____ VIN # _____ directly to Lamon Auto Body.

I do by appoint Lamon Auto Body as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange and to endorse all such checks, drafts, or bills of exchange for deposit to the business account for credit on my account for repairs on my vehicle and any supplemental work.

In addition, I give Lamon Auto Body the right to negotiate with the insurance companies.

Authorized Signature _____

Date _____