



## Repair Authorization

I have read the estimate of damages or have discussed the repairs necessary with a representative of Xtreme Auto Group LLC (XA) and authorize the repair of the vehicle noted.

I understand that this estimate is preliminary and additional repairs may be necessary to return the vehicle noted to pre-accident condition per OEM guidelines. In the event of deficiencies in labor rate, amount of labor hours, or necessary procedures not covered by my insurance company, I authorize XA to use its professional judgement to the parts replacement and/or labor charges to produce the highest quality repair at XA's posted labor rates.

I understand that I am responsible for any deductible, adjustment or depreciation and/or betterment amounts or failure of my insurance company to pay other labor, part or material costs necessary to restore my vehicle to its pre-accident condition as required by state law.

I authorize employees of XA to operate my vehicle for the purpose of testing, inspection, or delivery.

I understand that it is my responsibility to remove personal belongings from my vehicle prior to repairs, and I will not hold XA or its employees responsible for loss or damage to the vehicle or articles of personal property left in the vehicle, regardless of value, in case of fire, theft, accident or any other cause.

I authorize any and all insurance payments and supplements for repairs made to my vehicle to be paid directly to XA. I do hereby appoint XA 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 for deposit as credit on my account for repairs on my vehicle.

**Unless other arrangements are made, the total amount of the repair charges and any additional supplemental charges must be paid in full before the vehicle will be released for delivery.**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please provide your best contact information below.** A representative with XA will contact you on an as-needed basis throughout the repair process. Feel free to contact us with any questions or if an update is requested.

Contact Person \_\_\_\_\_

Preferred Method of Communication: Text Email Phone

Best Phone Number \_\_\_\_\_ Email \_\_\_\_\_