

RO. _____
Insurance. _____
Claim No. _____



10820 Penion Drive
Jeffersontown, KY 40299
502-266-5905
Fax 266-6673

3331 Preston Hwy.
Louisville, KY 40213
502-375-8100
Fax 375-8199

177 Rogers Drive
Shepherdsville, KY 40165
502-955-8122

DISCLAIMERS WORK AUTHORIZATION

- I authorize the repair work set forth to be done along with the necessary materials.
- I grant permission to test drive my vehicle when repairs are completed when necessary.
- I understand the repair shop is not responsible for the loss or damage to vehicle or articles left in the vehicle in case of fire, theft, accident or any beyond your control.
- I hereby grant permission to send my car to another of Glaser's Collision Centers locations to expedite the repairs of my vehicle.
- An expressed mechanics lien is hereby acknowledged to secure the amounts of the repairs thereto.
- If the vehicle is removed from Glaser's Collision Centers before authorized repairs are completed, a diagnostic, handling charge, restocking charge and/or storage charge may be assessed.
- I understand that Glaser's can only estimate the length of my repairs.
- I promise payment to Glaser's in the event the Insurance Company send the repair check to me. Otherwise, I understand payment is required to pick up my vehicle when repairs are complete.
- I understand that there is a \$25.00 Fee for all returned checks.
- ESTIMATE REPAIRS AS OF THIS DATE ARE

\$ _____

SIGNED X _____

Power of Attorney/ Direction of Pay

I authorize direction of pay to Glaser's Collision Centers \$ _____

In the event that the check is a two-party check;

The undersigned does hereby appoint Susan G. Glaser, Secretary/Treasurer of Glaser's Collision Centers, my true and lawful attorney to sign name in place of the undersigned on my insurance check or draft insured covering repairs from collision damage to my automobile to place check or draft in a cashable position.

Insured/Claimant _____ Date _____