4400 Milford Mill Road
Pikesville, MD 21208
Phone: (410) 484-6377 | Fax: (410) 484-3719
info@sladeautobody.com
www.sladeautobody.com

Repair Authorization Form

CUSTOMER & VEHICLE INFORMATION

Owner Name: _____ **Phone:** _____ **Alt. Phone:** _____

Email: _____ **Preferred Contact (call / text / email):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

VIN: _____ **Plate / State:** _____ **Mileage In:** _____

Lienholder / Leasing Co. (if any): _____

Prior Damage / Pre-existing Conditions: _____

_____

INSURANCE & ESTIMATE INFORMATION

Insurance Co.: _____ **Claim No.:** _____ **Date of Loss:** _____

Policyholder (if not owner): _____ **Deductible: $** _____

Adjuster: _____ **Adjuster Phone:** _____ **Adjuster Email:** _____

Estimate No.: _____ **Estimate Total: $** _____ **Est. Completion Date:** _____

COMMUNICATION AND PHOTO CONSENT

☐ **Repair updates.** I agree to receive calls and text messages from Slade Auto Body & Paint about my repair (estimate links, appointment reminders, status updates, and payment links) at the phone number(s) above. Message frequency varies. Message and data rates may apply. Reply HELP for help or STOP to opt out. Consent is not a condition of purchase.

☐ **Optional: marketing.** I agree to receive marketing emails and text messages from Slade Auto Body & Paint about services and offers at the email address and phone number above. Agreeing is not a condition of any purchase or repair. Message frequency varies. Message and data rates may apply. Reply HELP for help or STOP to opt out of texts, or unsubscribe from emails at any time.

☐ **Optional: photos.** I allow the Shop to use photos of my vehicle taken during the repair on its website and social media, with license plates, VIN, and personal information removed.

See our SMS Terms at www.sladeautobody.com/sms-terms and our Privacy Policy at www.sladeautobody.com/privacy-policy.

TERMS OF AUTHORIZATION

1. Authorization of Repairs. I authorize Slade Auto Body & Paint Company, Inc. ("the Shop"), its employees, and its sublet providers to perform the repairs described in the estimate identified above and to buy the parts and materials needed for those repairs. I give the Shop's employees and sublet providers permission to operate the vehicle on streets, highways, or elsewhere for testing, inspection, sublet work, and calibration. The Shop may photograph the vehicle to document damage and repairs for my insurer and the Shop's records.

2. Additional Damage and Supplements. Additional damage is often found once the vehicle is taken apart. On an insurance repair, I authorize the Shop to submit supplements to my insurance company on my behalf and to complete the supplemental repairs the insurer approves. On any repair, the Shop will contact me for approval before performing work I have not authorized, or before charging me any amount more than 10% above the written estimate.

Customer Initials: _____ **Date:** _____

Sign electronically from the link we text or email you, or return this signed form in person, by email to info@sladeautobody.com, by fax to (410) 484-3719, or in the after-hours drop-off envelope.

Work cannot begin until we receive this signed form.

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3. Parts, Scans, Calibrations, and Refinish. Parts may be new original-equipment (OEM), aftermarket, or recycled/reconditioned, as listed on the estimate or as specified by my insurer. Part types are explained in the Shop's Replacement Parts Disclosure, which I will review and sign separately. Modern vehicles may require pre- and post-repair diagnostic scans and calibration of safety systems (cameras, radar, and sensors) according to manufacturer procedures; these will appear on the estimate or a supplement. To achieve a proper color match, paint may be blended onto adjacent undamaged panels, and slight variation in color or texture can occur.

4. Personal Property. Please remove your personal belongings, including child safety seats, medications, firearms, toll transponders, garage door openers, and anything that could be damaged by extreme heat. Once the vehicle is prepared for paint, we cannot give you access to it, so remove anything you will need during the repair. Tell us if your vehicle is a hybrid, electric, or alternate-fuel vehicle, or has aftermarket accessories or modifications.

5. Vehicle Damage While on the Shop's Premises. While the vehicle is on the Shop's premises, the Shop may not be responsible for damage to the vehicle or its contents in certain circumstances, such as fire, theft, vandalism, severe weather, or other causes beyond the Shop's control. Please ask a Shop representative about the extent of the Shop's responsibility and its insurance coverage.

6. Completion Time and Delays. Every effort will be made to complete the vehicle within the timeframe discussed. The Shop is not responsible for delays caused by parts availability, insurance company requirements, additional damage found during teardown, weather, labor shortages, or other circumstances beyond its control.

7. Payment and Release of Vehicle. My bill, including my deductible, any amount my insurer does not pay (such as betterment, depreciation, or non-covered items), and any towing or rental charges the Shop pays or bills on my behalf, must be paid in full before the vehicle is released. The Shop accepts cash, personal checks, company checks, insurance checks, and all major credit and debit cards. Financing is available through Sunbit, a third-party provider that makes all credit decisions; the Shop has no part in deciding whether credit is extended. A financed amount counts as payment once Sunbit approves and funds it. Any other payment arrangement must be approved in advance, in writing, by the Shop's Owner or General Manager. I understand the Shop has a lien on the vehicle for repair and storage charges as permitted by Maryland law and may keep the vehicle until those charges are paid.

8. Rental and Towing. If the Shop arranges a rental through Enterprise and bills it through the Shop, I am responsible for any rental charges my insurer does not pay. Otherwise, rental coverage is between me, my insurer, and the rental company. If the Shop arranges towing, it may pay the tow company and bill the charge to me or my insurer, depending on whether the repair is customer-paid or insurance-paid.

9. Limited Power of Attorney for Insurance Checks. I grant the Shop a limited power of attorney to endorse, on my behalf, insurance checks issued for the repair of this vehicle under the claim identified above, only up to the amount of the Shop's final invoice. Any excess will be refunded to me. If a lienholder or bank requires my own endorsement, I agree to provide it promptly.

10. Total Loss, Transfer, or Cancellation. If the vehicle is declared a total loss, moved to another facility by me or my insurer, or if I cancel this authorization before the work is finished, I agree to pay for all work completed, any parts already ordered or purchased, and any of the following charges that apply: teardown and inspection labor, lift inspection, towing, lot and debris cleanup, administrative fees, and estimate or blueprint fees. Because these charges depend on the vehicle and the damage, they are billed at the Shop's current posted rates and itemized on my written estimate, supplement, or final invoice. I will not be charged more than 10% above my written estimate without my consent. These charges must be paid before the vehicle leaves the Shop.

11. Storage. **(a) Completed repairs.** If I do not pick up the vehicle within 2 business days after the Shop notifies me (by phone, text, or email) that repairs are complete, I will pay storage of **$75 per day**, whether the vehicle is stored inside or outside, until I pick it up, unless I make a different pickup arrangement with the Shop in writing (a text or email is fine). If I do, storage begins only if I miss the agreed pickup date. **(b) Total loss.** If my insurer declares the vehicle a total loss, I agree that within 5 business days after I am notified, I will either (1) sign my insurer's release so the insurer can take possession of the vehicle, or (2) tell the Shop that I am keeping the vehicle. Storage while my insurer evaluates the claim, and after I sign the release, will be billed to my insurer. The Shop will release the vehicle to my insurer or its tow or salvage company once the Shop's charges are paid. I will pay storage of **$200 per day inside or $150 per day outside** for each day I delay beyond that 5-business-day period. If I keep the vehicle, I will pay storage at that rate starting 5 business days after I am notified, until I remove it. **(c)** Storage caused by my delay may not be covered by my insurance. A vehicle left more than 30 days after notice may be handled as an abandoned vehicle under Maryland law.

12. Warranty. Repairs are covered by the Shop's written Limited Lifetime Warranty, a copy of which is provided at delivery. Repairs on vehicles used for commercial or fleet purposes are covered for 12 months or 12,000 miles, whichever comes first. Parts are covered by their manufacturer's warranty. Work by sublet providers, such as bonded glass replacement and paintless dent repair, is covered by the provider's warranty, and the Shop will process those claims on my behalf.

13. Signatures and General Terms. Copies, scans, and electronic signatures of this form are as valid as the original. If any part of this form is found unenforceable, the rest remains in effect.

Customer Initials: _____ **Date:** _____

Sign electronically from the link we text or email you, or return this signed form in person, by email to info@sladeautobody.com, by fax to (410) 484-3719, or in the after-hours drop-off envelope.

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MANUFACTURER SPECIAL POLICY ADJUSTMENT PROGRAMS

Federal law requires vehicle manufacturers to provide the National Highway Traffic Safety Administration (N.H.T.S.A.) with copies of bulletins describing vehicle defects. Customers may obtain copies of these bulletins from the vehicle manufacturer or from N.H.T.S.A. Some consumer publications and organizations also make these bulletins available, for a fee or free of charge.

DIRECTION OF PAYMENT (REQUIRED — CHECK ONE AND INITIAL)

One of the three options below must be selected and initialed. Work cannot begin until a payment option is selected.

Insurance Company: _____

☐ **Direct payment to the Shop.** I authorize the insurance company named above to pay the Shop directly for the complete cost of my claim-related repairs, including supplements. The Shop will communicate with the insurer directly. If the insurer sends a settlement or supplement check to me, I will notify the Shop immediately and deliver the check to the Shop within 24 hours of receiving it. If the Shop is not paid within 30 days, I am responsible for the final balance. **Initials:** _____

☐ **Payment to me.** I will communicate with my insurance company, and claim payments will be made to me. I am responsible for paying the Shop directly for all repairs and supplements. **Initials:** _____

☐ **Not an insurance claim.** I will pay the Shop directly for all authorized repairs. **Initials:** _____

REPLACED PARTS

☐ I want my replaced parts returned to me (except parts that must be returned to the manufacturer or supplier under a warranty or core-return agreement). Please check this box before work begins so parts can be set aside.

CHOICE OF REPAIR FACILITY AND OWNERSHIP

I chose the Shop to repair my vehicle, and I understand I was free to choose any repair facility. I certify that I am the owner of the vehicle described above, or the owner's authorized representative, and that I have read and agree to the terms of this form.

CUSTOMER'S RIGHTS

Under Maryland law, as a customer of an automotive repair facility, you:

1. May request a written estimate for repairs which cost in excess of $50;
2. May not be charged any amount ten percent in excess of the written estimate without your consent;
3. Are entitled to the return of any replaced parts, except when parts are required to be returned to the manufacturer under a warranty agreement; and
4. May not be charged for repairs you did not originally authorize without your consent.

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Owner (if not owner):** _____

SHOP USE ONLY — ORAL NOTICE OF CUSTOMER'S RIGHTS (TOWED-IN OR AFTER-HOURS DROP-OFF)

If the vehicle was towed in or left while the Shop was closed, the Customer's Rights above may be given orally. Record the notice below.

Person Notified: _____ **Date:** _____ **Time:** _____

Notice Given By (signature): _____ **Shop Rep. Printed Name:** _____

Customer Initials: _____ **Date:** _____

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