

REPAIR FACILITY LETTERHEAD

Repair Contract

DATE & TIME VEHICLE DELIVERED
TO REPAIR SHOP: _____

Repair Order Number: _____

CUSTOMER NAME: _____
ADDRESS: _____

CUSTOMER DAY-TIME TELEPHONE: _____
CUSTOMER CELL/HOME PHONE: _____
CUSTOMER E-MAIL: _____

CUSTOMER'S VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ VIN: _____

MILEAGE: _____ LICENSE PLATE #: _____

REPAIRS REQUESTED / NATURE OF PROBLEM: _____

MOTOR VEHICLE REPAIR AUTHORIZATION

Connecticut law requires that we obtain written authorization before starting repairs on your vehicle. By signing this Repair Contract, you are authorizing the above repair facility to perform repairs on your vehicle and expressly authorizing it and its employees to operate the above-listed vehicle on the streets, highways, or elsewhere for the purpose of testing and/or inspection. Pursuant to Connecticut law, please initial where provided acknowledging the following:

I am aware of my right to choose the licensed repair shop where the damage to the motor vehicle will be repaired _____

CUSTOMER'S WAIVER OF ADVANCE ESTIMATE

I voluntarily request that repairs be performed on my vehicle without an advance estimate of their cost. By signing this form, I authorize the reasonable and necessary costs to remedy the problems complained of up to a maximum of \$_____. The repair facility may not exceed this amount without my written or oral consent.

CUSTOMER'S SIGNATURE: _____

AUTHORIZATION OF ADDITIONAL REPAIRS

If additional repairs beyond the waiver estimate above are discovered, I request the repair facility to make repairs as necessary after obtaining my consent. Customer contacted repair facility via telephone or email and authorized additional repairs on:

Date: _____ Time: _____

Employee Receiving Authorization: _____

Amount authorized by customer: _____

COMPLETION OF REPAIRS/RETENTION OF PARTS

The customer is hereby advised that the repairs to his or her vehicle may not be completed on the same business day the vehicle is delivered to the repair shop. The customer hereby consents to a later date of completion. If the customer wishes to keep replaced parts, components or equipment, the customer must initial here: _____

LABOR & STORAGE CHARGES

In the event the above vehicle is not repaired by this repair facility, or is deemed a total loss, labor charges will be assessed for services rendered. The repair facility may charge for storage as permitted by law, including storage for any delays beyond the repair facility's control or if the vehicle is not picked up within forty-eight (48) hours after repairs are completed.

PAYMENT

The above vehicle is being repaired for you – our customer. You are responsible for payment, including remittal of all insurance checks and your deductible, if applicable. We may not be able to release your vehicle if we have not received full payment. By signing this Repair Contract, you acknowledge and agree that if you, your insurer or a third party insurer, fail to pay for services rendered, interest will be added to the unpaid balance at a rate of 1.5% per month (18% per annum) and you will be responsible for all reasonable attorneys' fees and court costs incurred by the repair shop to collect payment.

Possession and Replevin

You agree that this repair facility shall have a lien against the vehicle for all unpaid services and shall have the right to retain the vehicle until the repair facility is paid in full, as permitted by law. You agree to pay any and all cost and expenses, including reasonable attorney fees, repair facility incurs relating to any action in replevin.

CUSTOMER COPY

As the customer, you are entitled to a copy of this Repair Contract. By signing below, you acknowledge receipt of the same.

I sign this document of my own free will and accord.

(Customer Signature)

(Date) (Time am/pm)

(Witness)