



**REPAIR AUTHORIZATION AND DIRECTION TO PAY**

VEHICLE OWNER/LEASOR'S NAME: \_\_\_\_\_

VEHICLE DESCRIPTION: (YR/Make/Model) \_\_\_\_\_

VIN# \_\_\_\_\_

NATIONWIDE CLAIM NUMBER: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

Blue Ribbon Repair Facility: Town & Country Automotive, INC

I authorize the above captioned Blue Ribbon Repair Facility to estimate and repair my vehicle, unless it is deemed to be a total loss. I also understand that I will be responsible to pay my deductible of \$ \_\_\_\_\_

\_\_\_\_\_  
(Vehicle Owner/Leasor's Signature)

\_\_\_\_\_  
(Date)

I certify that this customer was not present upon the arrival of the vehicle and I have received verbal authorization to repair the vehicle. I have also explained the customers responsibility to pay their \$ \_\_\_\_\_ deductible upon completion of the repairs. Permission to repair the vehicle was received by

\_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
(Repairer's signature)

**ATTENTION CUSTOMER: This section is to be completed only upon inspection of your completed repairs**

I hereby certify that:

- I have received a copy of the initial and final automated repair estimate which has been explained to me by the repair facility.
- I have received a copy of the Blue Ribbon Repair Guarantee.
- I have inspected the vehicle and I am satisfied with the initial repair quality

I authorize Nationwide to pay the above captioned Blue Ribbon Repair Facility on my behalf.

Gross Estimate Amount \$ \_\_\_\_\_

Customer Responsibility (Deductible, etc.) \$ \_\_\_\_\_

Net Amount Due \$ \_\_\_\_\_

\_\_\_\_\_  
(Vehicle Owner/Leasor's Signature)

\_\_\_\_\_  
(Date)

I certify that repairs have been completed as indicated on the final automated repair estimate dated: \_\_\_\_\_

\_\_\_\_\_  
(Repairer's Signature)

\_\_\_\_\_  
(Date)

(Form must be retained in repairer's records for at least five (5) years or as required by State statute, whichever is shorter.) Revised 02-16-2005

Please read carefully, check one of the statements below, and sign: I understand that, under State Law, I am entitled to a written estimate if my final bill will exceed \$100  
 \_\_\_\_ I request a written estimate.  
 \_\_\_\_ I do not request a written estimate as long as the repair costs do not exceed \$\_\_\_\_. The shop may not exceed this amount without my written or oral approval.  
 \_\_\_\_ I do not request a written estimate.  
 Signed:\_\_\_\_\_ Date:\_\_\_\_\_

\*\*\* STORAGE CHARGES \*\*\*  
 STORAGE CHARGES MAY APPLY AT THE RATE OF [\$20.00] TWENTY DOLLARS PER CALENDAR DAY [3] THREE WORKING DAYS AFTER NOTIFICATION OF COMPLETED REPAIR WORK.

\*\*\* WARRANTY \*\*\*

TOWN & COUNTRY AUTOMOTIVE WARRANTS ALL REPAIRS, REFINISHING, PARTS, SUBLETS AND OUTSIDE SERVICES FOR THE PERIOD OF ONE YEAR AFTER THE DELIVERY DATE WITHOUT REGARD TO MILEAGE.

\*\*\*\* Unless longer warranty applies

\*\*\* HAZARDOUS WASTE DISPOSAL \*\*\*

THIS CHARGE REPRESENTS COSTS AND PROFITS TO THE MOTOR VEHICLE REPAIR FACILITY FOR MISCELLANEOUS SHOP SUPPLIES OR WASTE DISPOSAL

\*\*\* TIRE AND BATTERY FEE \*\*\*

THE STATE OF FLORIDA REQUIRES A [\$1.00] ONE DOLLAR FEE TO BE COLLECTED FOR EACH NEW TIRE SOLD IN THE STATE[s.403.718] AND A [\$1.50] ONE DOLLAR AND FIFTY CENT FEE TO BE COLLECTED FOR EACH NEW OR REMANUFACTURED BATTERY SOLD IN THE STATE[s.403.7185].

\*\*\* PARTS RETURN \*\*\*

I WOULD\_\_\_\_ WOULD NOT \_\_\_\_ LIKE TO HAVE MY REPLACED PARTS SAVED FOR INSPECTION OR RETURN

\*\*\* INTENDED METHOD OF PAYMENT \*\*\*

I / WE INTEND TO MAKE BY BY ONE OR MORE OF THE FOLLOWING: CASH \_\_\_\_  
 PERSONAL CHECK \_\_\_\_ COMPANY CHECK \_\_\_\_ CREDIT CARD \_\_\_\_ INSURANCE  
 COMPANY CHECK OR DRAFT \_\_\_\_ MONEY ORDER \_\_\_\_

The estimate prepared is based on our inspection and does not cover any additional parts or labor which may be required after damaged areas have been opened up. Occasionally, after the work has started, damage or broken parts are discovered which were not evident on the first inspection. Because of this the attached prices are not guaranteed. I hereby authorize the above repair work to be done along with necessary materials. You and your employees may operate specified vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on mentioned vehicle to secure the amount of repairs thereto, including reasonable legal expenses. It is understood that this company assumes no responsibility for loss or damage by theft of fire to vehicles placed with them for storage, sale, repair or while testing. I authorize all supplemental payments to be paid directly to Town & Country Automotive Inc. on my behalf.

Signed:\_\_\_\_\_ Claim No.:\_\_\_\_\_ Date:\_\_\_\_\_

**AUTHORIZATION FOR DIRECT PAYMENT**

**FEDERAL TAX I.D. #59-164-1878**

**CLAIM NUMBER:** \_\_\_\_\_

**INSURANCE CO:** \_\_\_\_\_

**ADJUSTER / APPRAISER:** \_\_\_\_\_

**I / WE \_\_\_\_\_ HEREBY AUTHORIZE THE  
DIRECT PAYMENT OF ANY APPROVED SUPPLEMENTS TO TOWN & COUNTRY  
AUTOMOTIVE, INC.**

**VEHICLE MAKE/MODEL \_\_\_\_\_ VIN# \_\_\_\_\_**

\_\_\_\_\_  
**SIGNATURE** **DATE**

\_\_\_\_\_ **POWER OF ATTORNEY** \_\_\_\_\_

**I \_\_\_\_\_ hereby, constitute and appoint L.M. Satcher  
as my attorney-in-fact to negotiate and deposit checks and/or drafts made payable to  
me or to Town N Country Automotive and me from \_\_\_\_\_ and  
deposit them into the business account of Town N Country Automotive.**

**This Power of Attorney will act as a verification of endorsement on the checks made  
payable to Town N Country Automotive and \_\_\_\_\_**

**Signature of Grantor \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Grantee \_\_\_\_\_ Date \_\_\_\_\_**

**So that we may give you the very best in customer service, please answer the following questions for us:**

**1] How would you like to be addressed by the staff of Town N' Country Automotive? Please circle choice and/or fill in blanks as necessary below.**

- **Mr., Mrs., Ms., Miss, & Last name or**
  
- **Title [ Dr., Judge, Senator, etc ] - \_\_\_\_\_ & Last name or**
  
- **Rank [ General, Major, Sergeant etc ] - \_\_\_\_\_ & Last name or**
  
- **First Name - \_\_\_\_\_ or**
  
- **Nickname - \_\_\_\_\_ or**
  
- **Other - \_\_\_\_\_**

**2] How do you wish to be contacted? Circle choice and include number or address.**

- **By Phone/contact number: \_\_\_\_\_**
  
- **By Email/address: \_\_\_\_\_**
  
- **By Fax/number: \_\_\_\_\_**
  
- **Other \_\_\_\_\_**

**3] How often would you like to be updated on your repair?**

- **Every day, 2 days, 3 days, weekly, when finished, other \_\_\_\_\_**

**Signature please \_\_\_\_\_**