



USAA INSURANCE COMPANY
PAYMENT AUTHORIZATION FORM

SHOP NAME: TOWN & COUNTRY AUTOMOTIVE

ADDRESS : 5110 GEORGE ROAD

TAMPA, FL 33634

PSP CODE : _____

USAA NUMBER: _____

VEHICLE OWNER: _____

CLAIM NUMBER: _____

DATE OF LOSS: _____

DEDUCTIBLE: _____

VEHICLE: _____

(Year) (Make) (Model) (Vin-last 6)

I agree to have my vehicle repaired by the above named shop, and I understand USAA will pay the shop direct after the repairs are completed.

Owner's Signature

Date

I received my repaired vehicle on _____. This is an authorization for USAA Insurance Company to
(Date)
issue a check payable to TOWN & COUNTRY AUTOMOTIVE in the amount of \$ _____.

My signature on this form in no way waives any rights I might have under either the repairer's or USAA's limited repair warranties.

Signature _____ Date _____

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 _____