



# PROCARE COLLISION

Owner's Name \_\_\_\_\_

Year/Make Vehicle \_\_\_\_\_

## REPAIR AUTHORIZATION

I authorize PROCARE Collision to estimate and repair my vehicle, unless it is deemed an economical total loss by my insurance carrier. I grant PROCARE Collision permission to operate my vehicle for the purposes of diagnosis, testing and inspection. I understand that an expressed mechanic's lien is acknowledged for the amount of repairs. I agree that PROCARE Collision is not responsible for loss or damage of this vehicle and/or the articles left in the vehicle due to fire, theft or any other cause beyond its control or for any delays caused by the unavailability of parts or shipping delays.

## DIRECTION TO PAY/ POWER OF ATTORNEY

I authorize any and all payment direct to the shop listed on the Repair Order. I authorize this shop to act a Power of Attorney to endorse all payments made on my behalf.

## SCAN AUTHORIZATION

I authorize Pre and /or Post Repair Diagnostic Scan. I understand my vehicle may require a diagnostic scan of computer history as well as clearing stored error codes. Once cleared historical data may be lost.

## NOT RESPONSIBLE FOR ARTICLES LEFT IN VEHICLE

Please remove belongings from the car, including but not limited to GPS, cell phone, iPad or tablet, cell phone charger, sunglasses, pets, small children or anything else that may be of value. I fully accept and understand that PROCARE Collision is not responsible for lost articles, damage, fire or theft.

## NOTICE PURSUANT TO SECTION 70.001, TEXAS PROPERTY CODE

I am the person, or agent acting on behalf of the person, who is obligated to pay for the repair of the motor vehicle subject to this repair contract. I understand that this vehicle is subject to repossession in accordance with Section 9.609, Texas Business and Commerce Code, for non-payment of any kind. Should this occur, I further agree to pay any and all reasonable fees associated with this process.

**\*\*WE DO NOT ACCEPT PERSONAL CHECKS OR CASHIERS CHECKS\*\*\***

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE OF PERSON/AGENT RESPONSIBLE FOR PAYMENT