



3514 Vine St. Court
Davenport, IA 52806
388-0004

In reference to:

R.O. #:

Claim #:

Estimate #:

Drop off Date:

Name:

Address:

Vehicle:

Insurance pay: Customer pay: Third party:

Methods of Payment:

All deductibles, customer pay repairs, betterment, and initial insurance repairs must be paid in full by one or more of the following means:

1. Cash, Money Order, or Cashier Check.
2. Insurance check or draft.
3. Personal check, subject to check guarantee.
4. Visa, MasterCard, or Discover are accepted for deductibles and customer pay portions of your final bill.

Open items on your account. In many cases, supplemental repairs are needed on your vehicle. The charges for those supplements, or supplemental billings, are *open on your account, are part of your final bill, have been approved and will be billed to the insurance carrier. Those charges are still your responsibility.* That supplemental payment check/draft may be made out in your name, and/or be mailed to you. Please understand that the supplemental payment is due to Arnold's Body Shop, Inc.

Initials:

Authorized and Accepted:

Arnold's Body Shop, Inc., is hereby authorized to make the listed repairs.

(Place an "X" in this space _____ if this is for Tear Down only.)

I understand the **Methods of Payment** listed in the above paragraph. I hereby grant you and/or your employee's permission to operate said vehicle described above on streets, highways, or elsewhere for the purpose of testing and/or inspection. If payment is not made when due, I, the undersigned owner of said vehicle, or agent of the owner/responsible party, agree to pay reasonable attorney fees and any legal or collection expenses incurred by Arnold's necessary to collect same. An express mechanic's lien is hereby acknowledged on said vehicle to secure the amount of the repairs thereto. Arnold's is not responsible for loss or damage to the said vehicle or articles left in said vehicle in case of fire, theft, accident, or any other case beyond its control. Old parts will be scrapped/recycled unless otherwise instructed. I understand that Arnold's will use what they consider to be the appropriate repair techniques available, in their opinion, to repair said vehicle. These techniques include panel-bonding techniques when judged by Arnold's to be appropriate for said vehicle.

Initials:

Power of Attorney:

I, the undersigned owner or agent of the owner/responsible party, hereby appoint John C. Arnold my lawful attorney to sign my name on any insurance drafts and authorizations covering any authorized repairs to said vehicle and to take such action as may be necessary to negotiate said drafts.

Initials:

Signature: _____ **Date:** _____

Witnessed: _____

Reminder list:

-are your **keys** with Arnold's?
-where is the "key" for your wheels or wheel covers?
-is the security system in your vehicle **disarmed**?
-is there a **security code** for your sound system?
-where is your **garage door opener**?
-do you know **who is paying** for the repair of your vehicle?
-**thanks for allowing us to repair your vehicle!!!**