



## Repair Authorization / Direction to Pay

Name: \_\_\_\_\_ Phone: [cell] (    ) \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN: \_\_\_\_\_ Color: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Claim#: \_\_\_\_\_

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### Vehicle Release Policy

- 1) All repairs must be paid in full prior to vehicle release including initial repair estimate and all supplements.
- 2) All storage, tear down & towing fees must be paid in full before release in case of vehicle being totaled.
- 3) All deductibles are to be paid to Disney Paint and Body.
- 4) Multi-party checks must be endorsed prior to release of vehicle.
- 5) **No personal checks**

### Repair Authorization

I hereby authorize the repair work to be done along with the necessary materials, and hereby grant you and your employees permission to operate the vehicle described above on the open road for the purpose of testing and inspecting. An express mechanics lien is hereby acknowledged on the above referenced vehicle to secure the amount of repairs thereto. Disney Paint and Body is not responsible for the availability of parts or delays in part shipments outside of our control nor for the loss or damage to the vehicle or articles left in the vehicle in case of fire, theft or any cause outside of our control.

### Direction to Pay

By signing below, the customer authorizes the responsible insurance company to pay Disney Paint & Body directly for all repairs to the insured vehicle.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name