

SoNo Collision LLC

Repair Contract

DATE & TIME VEHICLE DELIVERED
TO REPAIR SHOP: _____

Repair Order Number: _____

CUSTOMER NAME: _____
ADDRESS: _____

CUSTOMER DAY-TIME TELEPHONE: _____
CUSTOMER HOME PHONE: _____
CUSTOMER CELL PHONE: _____

CUSTOMER'S VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ VIN: _____

MILEAGE: _____ LICENSE PLATE #: _____

MOTOR VEHICLE REPAIR AUTHORIZATION

Connecticut law requires that we obtain written authorization before starting repairs on your vehicle. By signing this Repair Contract, you are authorizing the above repair facility to perform repairs on your vehicle and expressly authorizing it and its employees to operate the above-listed vehicle on the streets, highways, or elsewhere for the purpose of testing and/or inspection. Pursuant to Connecticut law, please initial where provided acknowledging the following:

I am aware of my right to choose the licensed repair shop where the damage to the motor vehicle will be repaired _____

CUSTOMER'S WAIVER OF ADVANCE ESTIMATE

I voluntarily request that repairs be performed on my vehicle without an advance estimate of their cost. By signing this form, I authorize the reasonable and necessary costs to remedy the problems complained of up to a maximum of \$_____. The repair facility may not exceed this amount without my written or oral consent.

CUSTOMER'S SIGNATURE: _____

By not setting a maximum the customer agrees to allow the shop to do whats reasonable and necessary to repair the vehicle.

AUTHORIZATION OF ADDITIONAL REPAIRS

If additional repairs beyond the waiver estimate above are discovered, I request the repair facility to make repairs as necessary after obtaining my consent. Customer contacted repair facility via telephone or email and authorized additional repairs on:

Date: _____ Time: _____
Employee Receiving Authorization: _____
Amount authorized by customer: _____

COMPLETION OF REPAIRS

The customer is hereby advised that the repairs to his or her vehicle may not be completed on the same business day the vehicle is delivered to the repair shop. The customer hereby consents to a later date of completion.

LABOR & STORAGE CHARGES

In the event the above vehicle is not repaired by this repair facility, or is deemed a total loss, labor charges will be assessed for services rendered. The repair facility may charge for storage as permitted by law, including storage for any delays beyond the repair facility's control or if the vehicle is not picked up within forty-eight (48) hours after repairs are completed.

I Acknowledge and confirm that my vehicle was brought to SoNo Collision LLC. I am aware this repair facility has a posted storage rate of \$125 per day outside / \$200 per day inside and that storage and will be charged for each calendar day that my vehicle is left on its premises, regardless of whether my vehicle is ultimately repaired or declared a total loss. The rate of storage is conspicuously posted on the repair facility's wall.

LABOR CHARGES IN THE EVENT OF A TOTAL LOSS

In the event the vehicle is not repaired by this repair facility, or is deemed a total loss, labor charges will be assessed for services rendered. I voluntarily request that specific labors be performed on my vehicle without an advance estimate of their cost. Such labors may include Removal of plates, assisting the customer to clean out their vehicle, administrative processing, ect. I authorize the reasonable and necessary costs to remedy the problems complained of.

I understand that SoNo Collision LLC is not responsible for any items left inside the vehicle.

PAYMENT

The above vehicle is being repaired for you – our customer. You are responsible for payment, including remittal of all insurance checks and your deductible, if applicable. We may not be able to release your vehicle if we have not received full payment. By signing this Repair Contract, you acknowledge and agree that if you, your insurer or a third party insurer, fail to pay for services rendered, interest will be added to the unpaid balance at a rate of 1.5% per month (18% per annum) and you will be responsible for all reasonable attorneys' fees and court costs incurred by the repair shop to collect payment.

Possession and Replevin

You agree that this repair facility shall have a lien again the vehicle for all unpaid services and shall have the right to retain the vehicle until the repair facility is paid in full, as permitted by law. You agree to pay any and all cost and expenses, including reasonable attorney fees, repair facility incurs relating to any action in replevin.

CUSTOMER COPY

As the customer, you are entitled to a copy of this Repair Contract. By signing below, you acknowledge receipt of the same.

Direction To Pay

DATE: _____

I, _____ (Customer), request and authorize the following insurer:

INSURANCE COMPANY: _____

CLAIM NUMBER: _____

to make direct payment to the following repair facility:

REPAIR FACILITY: SoNo Collision Tax ID #: 86-1247543

of any and all proceeds, property damage payments and supplements related to the above-claim. It is expressly agreed and understood that if any one or more of the property damage payments are sent to me, I am required to immediately turn them over to the repair facility. My failure to remit any property damage checks or otherwise fail to make full payment for repairs will constitute a breach of the Repair Contract and result in penalties for non-payment, including the accrual of interest to the unpaid balance at a rate of 1.5% per month (18% per annum) and reasonable attorneys' fees and court costs.

I sign this document of my own free will and accord.

Doc-U-Sign _____

(Customer Signature)

(Date)

(Witness)