

SVA Motorsports Inc

13434 Raymer st #B

North Hollywood, CA 91605

818-949-6969

Svamotorsports@yahoo.com

Authorization Form

Date In: _____ Date Out _____ Customer _____

Address: _____ Phone Number: (____) ____ - _____

Insurance Co: _____ Insurance Contact: (____) ____ - _____ Ext _____ Name: _____

Claim #: _____ Year: _____ Make _____ Model _____

VIN# ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ License: _____

Odometer: _____ Color: _____ Fuel: _____ Email: _____

- Authorization for Tear Down & Inspect. Amount for Tear down _____ (If no overage or vehicle is not repaired)

- Disassembly will prevent reassembly of vehicle to condition received.

- Repair as per estimate Id: _____ Date: ____/____/____ Amount: _____

- Additional supplement repairs as per estimate Id: _____ Additional Amount: _____

- Vehicle Towed In Date: ____/____/____ Amount: _____ Drivable _____ Not Drivable _____

- Prior Damage Comments: _____

- Storage of \$300.00 per day applies to; Total loss vehicles, Non repairable vehicles, and Refuse repair vehicles.

1.

2.

3.

4.

Authorization For All Indoor & Sublet Repairs:

I as a consumer, am authorizing all the repairs on my vehicle as needed. If after teardown additional parts, repairs or sublet repairs may be needed for my vehicle, Sva Motorsports Inc is authorized to complete all the repairs as needed with no further authorization by me. You and your employees may operate my vehicle only for the purpose of testing, inspecting, subletting the repairs that need to be done at any other repair shop. An express mechanic's lien is acknowledged on my vehicle to secure the amount of repairs, storage & all other fees. Storage starts the day the vehicle arrives. **Sva Motorsports Inc** does not guarantee any repairs with aftermarket, used, rebuilt, or reconditioned parts. **Sva Motorsports Inc** is not responsible for loss or damage to vehicle or articles left in case of fire, theft, accident or any other cause beyond the shops control, per shop's insurance policy.

X _____ Date: ____/____/____

Power of Attorney:

The undersigned hereinafter called "Insured/Claimant" for the consideration of repairs made to insured/claimant's automobile does hereby grant to said **Sva Motorsports Inc** Insured/Claimant's power of attorney to sign or endorse all original and supplemental checks payable to insured/claimant and release thereto as settlement for insured/claimant's claim for damages to the above described automobile. insured/claimant authorizes Insurance Co. to pay all original and supplemental checka directly to **Sva Motorsports inc** in shops name only and mail directly to them at their address listed above.

X _____ Date: ____/____/____

Customer Approval:

I hereby the undersigned, checked my vehicle, received copy of the work order/invoice and agree that all work performed is done according to the estimate and to my satisfaction. The car was delivered in working condition without any defects. I acknowledge notice and verbal approval of an increase in the original estimated price.

X _____ Date: ____/____/____