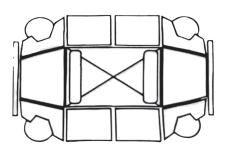


SVA Motorsports Inc. Collision Center

13434 Raymer St. Unit B North Hollywood, CA 91605 818-949-6969

NAME					DATE				
ADDRE	SS				-				
CITY STATE ZIP									
HOME PHONE				PLATE			MILEAGE		
YEAR/	MAKE/MODEL								
PAINT	PAINT TRIM			BODY TYPE			PROD DATE		
V.I.N.		1			1				
INS. CO.					PHONE NO).	
ADJUSTER				CLAIM NO.					
QTY.	WORK (ORDER	DAYS	AMOUNT	IN	IVOICE		HRS	AMOUNT
	STORAGE FEE								
	ADMIN FEE								
	TOWING								
	CLEANING FEE								
					Ins. Co. Pays \$ Customer Pays \$ Insurance Check Payable to:		TOTAL LABO)R	
							TOTAL PART	S	
							PAINT & MATERIALS		
							SUBLET		
					DEDUCTIBLE PAID BY Cash Check Coredit Card	Credit Card	EPA/WASTE DISPOSAL		
					□ MC □ AMEX □ VISA				
					Other		SUB TOTAL		
					CC No		TAX		
							TOTAL		
- PRIOI	R DAMAGE -	, 11	nereby au	uthorize the abo	ve repair work to be done al	long with the n	ecessary mate	rials. Yo	ou and your employees may

Areas marked by an "X"represent prior damage and are not included in this estimate.



operate vehicle for purpose of testing, inspection, or delivery at my risk. An express mechanics lien is ackowledged on above vehicle to secure the amount of repairs thereto. It is understood that you will not be held responsible for loss or damage to vehicle or article left in vehicle in case of fire, theft or any other cause beyond your control. It is also understood that full payment for repairs is due upon release or delivery of vehicle of vehicle, indlusing supplemental charges.

Signature

POWER OF ATTORNEY

the undersigned, hereinafter called "insured", for the consideration of repairs made to "insured's" automobile, does hereby grant to said.

CAR TOPICS

Insured's power of attorney to sign or endorse any checks and/or drafts made payable to Insured, and any release thereto, as settlement of Insured's claim for damages to the above described automobile.

Date Insured