



HOUSTON: 10835 W. Little York Rd, Houston, Texas 77041 **713.937.9297 (Office)** 713.937.9298 (Fax)
 CYPRESS: 11638 Telge Road, Cypress, Texas 77429 **281.894.9933 (Office)** 281.477.7880 (Fax)
 CONROE: 13662 Hwy. 105 West, Conroe, Texas 77304 **936.447.6001 (Office)** 936.588.3223 (Fax)

Work Authorization Form

Owner/Agent:

Referred by:

Address:

City:

State:

Zip:

Contact Information:

Day:

Evening:

Cell:

E-Mail (1):

E-Mail (2):

Preferred Method of Contact (check all that apply):

Vehicle Information:

Make:

Model:

Color:

Year:

Insurance Company:

Referring Agent:

I warrant and represent that I am the owner of the above described vehicle (hereinafter "the vehicle") or an authorized agent of the owner and that 1st Choice Collision LLC (hereinafter "the Repair Facility"), is authorized to repair the vehicle and provide the necessary services, part, and materials needed for the repair. I further authorize the Repair Facility's employees to operate the vehicle on streets and elsewhere for the purpose of testing and/or inspection. I acknowledge and understand that the Repair Facility will have an express mechanics lien on and a security interest in the vehicle until such time as all indebtedness is paid in full. I further agree that the Repair Facility shall not be responsible for loss or damage to articles left in the vehicle in case of fire, theft or any other cause. I further authorize the Repair Facility to be my representative to negotiate with any insurance company/representative regarding the restoration of the vehicle to preaccident condition and value. The Repair Facility is authorized to endorse drafts from insurance company securing payment.

Owner/Agent acknowledges payment in the form of Cash, Cashier's Check, Debit, AmEx, Visa, Master Card, or Discover. No other forms of payment will be accepted.

Owner/Agent warrants and represents that the Repair Facility is not responsible for window tint or glass breakage or damage due to removal or work being performed on the vehicle.

Owner/Agent acknowledges and understands that payment of insurance deductible is due at the Repair Facility prior to release of the vehicle.

Owner/Agent acknowledges and understands that all vehicles left over ten (10) days after scheduled pick-up date will incur a \$10.00 per day storage fee. All work left over thirty (30) days will be subject to foreclosure of the Repair Facility Mechanics Lien.

Signature: _____ **Date:** _____

Notice Pursuant to Texas Property Code 70.001

I warrant and represent that I am the owner of the above described vehicle or an authorized agent of the owner. I acknowledge and understand that the Repair Facility will have an express mechanics lien on and a security interest in the vehicle until such time as all indebtedness is paid in full. I further acknowledge and understand that: (1) if the vehicle is released by the Repair Facility, the vehicle remains subject to the Repair Facility's Mechanics Lien and or security interest until such time as all indebtedness is paid in full; and (2) the Repair Facility has the right to repossess and sell the vehicle in satisfaction of its lien or security interest if; (a) the indebtedness remains unpaid for 30 or more days; or (b) any check, draft or negotiable instrument is dishonored for any reason; or (c) the drawer or maker of the order has no account or the account on which it is drawn has been closed.

Signature: _____ **Date:** _____