SYNERGY COLLISION AUTO BODY

Repair Authorization & Direction to Pay

Florida Registered Motor Vehicle Repair Facility | Reg #: MV150729

CUSTOMER / OWNER DETAILS

Full Name: .....

Phone: .....

Email: .....

Address: .....

City/ST/Zip: .....

VEHICLE & CLAIM INFORMATION

Year / Make / Model: .....

VIN: .....

Odometer / Color: .....

Insurance Co.: .....

Claim #: .....

Deductible Amount: .....

FLORIDA STATUTORY ESTIMATE DISCLOSURE — F.S. § 559.905

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

"I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED $150."

☐ **I REQUEST A WRITTEN ESTIMATE.**

☐ **I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED $_____.** THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

☐ **I DO NOT REQUEST A WRITTEN ESTIMATE.**

Replaced Parts Election (F.S. § 559.905): ☐ **YES**, I request replaced parts returned. ☐ **NO**, shop may dispose of replaced parts.

1. AUTHORIZATION FOR REPAIR, TEARDOWN & OPERATION

1. **Authorization:** I hereby authorize Synergy Collision Auto Body to perform repair, replacement, structural alignment, refinishing, and calibration work specified on the estimate or insurance appraisal.
2. **Teardown & Hidden Damage:** Initial estimates are visual only. I authorize disassembly to inspect for hidden/supplemental damage. Additional work exceeding statutory limits will be approved orally or in writing.
3. **Operation & Sublet:** Permission is granted to operate the vehicle on public streets for testing, inspection, or delivery, and to sublet specialized services (e.g., ADAS calibration, glass, wheel alignment).

2. DIRECTION TO PAY & POWER OF ATTORNEY

1. **Direct Payment:** I instruct and direct my insurance carrier or any responsible third party to pay Synergy Collision Auto Body directly for all completed repairs, labor, materials, and services rendered.
2. **Power of Attorney:** I grant Synergy Collision Auto Body Limited Power of Attorney to endorse my name on checks, drafts, or electronic payments payable to me and/or lienholders for repairs completed on this vehicle.
3. **Financial Responsibility:** I understand that I am ultimately responsible for all repair charges, deductibles, uninsured amounts, or non-covered items, due prior to vehicle release.

3. STORAGE CHARGES, LIEN & PERSONAL PROPERTY (F.S. § 559.917)

1. **Storage Charges:** Storage fees at $150.00/day will accrue starting 3 working days after completion notification or if repairs are halted/canceled by customer or insurer, unless discussed prior and agreed differently or the vehicle is declared a total loss.
2. **Mechanic's Lien:** A possessory mechanic's lien is acknowledged under Florida Law to secure all repair, teardown, and storage charges incurred.
3. **Personal Property:** The Shop is not responsible for loss/damage to personal items left in the vehicle due to fire, theft, or causes beyond control. Please remove all personal belongings.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO ALL STATUTORY DISCLOSURES AND AUTHORIZATIONS ABOVE.

_____ _____

Customer / Authorized Agent Signature **Date**

_____ _____

Shop Representative Signature **Date**