

AUTHORIZATION TO REPAIR

Sonny's Auto Salvage

3251 AR Hwy 294

Jacksonville, AR 72076

(P) 501-982-7451 (F) 501-982-4876

parts@sasparts.com

Name _____ Phone _____

Address _____

Email Address _____

Year _____ Model _____ Last Six of VIN _____

Repair to be done _____

I hereby state that I have received an estimate* of \$ _____ for repair work and that no work will begin until 50% of the estimate is paid. Repair jobs are payable on by cash or cashier's check.

I hereby authorize repair of the above vehicle. I agree that Sonny's Auto Salvage is not responsible for loss of articles left in vehicle caused by fire, theft, or any other cause beyond our control or for delays caused by the unavailability of parts or shipping delays. I also grant permission to Sonny's Auto Salvage and its employees operate the above stated vehicle for the purpose of testing and inspection. I understand and agree that to secure payment for the repairs thereto, an expressed mechanic's lien on the above vehicle is acknowledged and further agree to pay reasonable attorney's fees and court costs in the event that legal action becomes necessary to enforce this contract.

I hereby agree to pay the for the repair work done in full.

Printed name: _____ Date _____

Signature _____

*The details and the estimate provided above are based on our initial information and do not constitute a guarantee that no further work/parts will be required. The total bill of work will be as per the details available on completion of the work. Please see your invoice for warranty terms and conditions.