



PHONE:(713)956-1145 ■ 5512 W. 34th St. Houston, TX 77092 ■ www.SantaAnaAutoCare.com

Name _____ Phone _____

Address _____

City _____ Zip _____ E-mail _____

Vehicle Info  Year _____ Make _____ Model _____

License Plate _____ Mileage _____

How would you like to receive repair status updates? CALL TEXT E-MAIL

How did you hear about us?

Google Fleet Walk-In Repeat Customer

Yelp Other Customer/Business Referral _____

Service Requested

Oil Change Inspection Brakes Alignment A/C Tune Up

Check Engine Light Diagnostic Other _____

I hereby authorize the repair work to be done along with the necessary parts and materials and hereby grant you and/or your employee's permission to operate the vehicle herein described on streets, highways or elsewhere, at your discretion. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto, unpaid. I understand that dealer/owner is not responsible for delay or other consequence due to the unavailability of parts shipment beyond their control. Quotations on parts and/or repairs are subject to change. NOT RESPONSIBLE FOR DAMAGE OR ARTICLES LEFT IN CAR IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE BEYOND OUR CONTROL. A storage fee of 55.00 per day, administration of 395.00 and impound fee of 20.00 will be applicable on all stored vehicles, totaled vehicles or vehicles left 2 days once repairs are completed. Repair Authorization: ANY REPAIR \$500.00 AND UP. I hereby authorize the teardown and inspection of the above vehicle. I understand that the vehicle will be disassembled to evaluate all damaged areas and that the disassembly will prevent reassembly of the vehicle as received. We work for you, not for the Insurance Company. So therefore, responsibility of payment for repairs will be yours when your vehicle is completed. Please make sure your payment arrangements are done before you pick up your vehicle. NO Personal checks will be accepted. I AUTHORIZE STORAGE OF MY VEHICLE AND/ OR I AUTHORIZE THE RELEASE OF MY VEHICLE FROM STORAGE LOT. SPECIAL POWER OF ATTORNEY:IN CONSIDERATION OF SERVICES PERFORMED THE UNDERSIGNED DO HEREBY CONSTITUTE AND APPOINT SANTA ANA AUTO BODY SHOP AS MY ATTORNEY In FACT AND IN MY NAME, PLACE AND STEAD TO EXECUTE AND SIGN ON MY BEHALF ANY AND ALL PAPERS OR DOCUMENTS NECESSARY TO OBTAIN FULL PAYMENT, SETTLEMENT AND SATISFACTION FROM INSURANCE COMPANY OR ANY THIRD PARTY IN THE AMOUNT REPRESENTING THE LOSS AND DAMAGE SET FORTH IN THE PROOF OF LOSS WHICH I HAVE EXECUTED AND FORWARDED TO SANTA ANA AUTO BODY SHOP.

SIGNATURE: _____ **DATE:** _____

REPOSESSION NOTICE: ATTENTION CUSTOMER: YOU ARE BEING NOTIFIED IN ACCORDANCE TO THE TEXAS MOTOR VEHICLE LAWS, SECTION 70.001 THAT YOUR VEHICLE MAY BE SUBJECT TO REPOSESSION FOR RETURNED CHECKS, SUCH AS INSUFFICIENT FUNDS, ACCOUNT CLOSED, STOPPED PAYMENT, OR STOLEN CHECKS, CREDIT CARDS APPLY THE SAME WAY. YOU WILL ALSO BE OBLIGATED TO PAY FOR THE COST OF, BUT NOT LIMITED TO, AND REPOSESSION AS A CONDITION OF RECLAIMING THE VEHICLE. YOUR VEHICLE WILL BE REPOSSESSED FOR NONPAYMENT OF SERVICES/REPAIRS IN FULL.

SIGNATURE: _____ **DATE:** _____