



Private Pay Authorization

This contract hereby authorize F.C.R., Inc to perform all repairs and replacements necessary to:

Check One:

_____ Restore my vehicle to safe, pre-accident condition.

_____ Restore my vehicle to original, street ready condition

_____ Restore my vehicle to show condition

_____ Make the following repairs/restoration to my vehicle pursuant to the attached initial estimate.

You and your employees may operate my vehicle for the purpose of testing, sublet repairs, or inspection by my insurer and/or lien holder at my risk.

After An express garage keeper's lien is acknowledged on my vehicle to secure all amounts due to **F.C.R., Inc** including but not limited to payment for proper repair, storage, towing and other related charges. I acknowledge that this lien shall not be released if any check is subsequently dishonored by the bank. If final payment is made by personal or business check, the vehicle will not be released until check clears customer's bank.

F.C.R., Inc will not be held responsible for loss or damage to the vehicle in case of fire, theft, accident, or any other cause beyond your control.

In the event legal action is necessary to enforce payment I will pay all **F.C.R.,Inc's** attorneys fee and court costs.

Storage will begin at a rate of \$75.00 per day after 48 hours notice to the customer of the vehicles completion.

It is understood that, due to the nature of automotive collision and restoration work, the initial estimate is based upon the damage and needed repairs that can be seen at the time of the initial estimate. As the vehicle is disassembled hidden damage and necessary repairs may be revealed. Client authorizes F.C.R., Inc., to continue with the additional repairs if the additional cost is less than 10% of the original estimate. If the additional cost is in excess of 10% of the original estimate an updated estimate and work authorization will be forwarded to the customer and no further work will be done on the vehicle until the signed authorization is returned.

Signed _____ **Date** _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

E-Mail _____

Year _____ **Make** _____ **Model** _____ **Color** _____

How did you hear about us? _____