

**Foreign Auto Rebuild Inc.**  
421 Eastlake Avenue East  
Seattle, WA 98109

**Ph. 206-682-5186**  
**Fax. 206-622-5441**  
*www.foreignautorebuild.com*

***WORK AUTHORIZATION / INSURANCE BILLING & PAYMENT AUTHORIZATION***

I hereby authorize Foreign Auto Rebuild, Inc. to repair my vehicle per the (please check one): shop ( ) or insurance estimate ( ). You and your employees may operate my vehicle for purposes of testing, inspection, or delivery. An express mechanics lien is acknowledged on said vehicle to secure the amount of repairs thereto. It is also understood that Foreign Auto Rebuild Inc. will not be held responsible for loss or damage to the vehicles or articles left in the vehicles in case of fire, theft, or any other causes beyond Foreign Auto Rebuild, Inc. control. This estimate does not cover any additional parts or labor that may be required after work has been started. All parts are subject to invoice.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Sometimes we will release the vehicle without payment but only if arrangements have been made with the insurance company for a direct payment authorization. The following authorizes the paying insurance company to send payment directly to Foreign Auto Rebuild, Inc. for the repairs of your vehicle. Please sign the following if your claim is being handled through an insurance company.

We or I the undersigned, authorize payment directly to Foreign Auto Rebuild, Inc.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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We sometimes need a LIMITED power of attorney to collect original and/or supplemental payment from the insurance company. If the repair is being handled through an insurance company please complete and sign the following:

Secretary of State, Olympia, Washington:

I or We (your name here) \_\_\_\_\_ of \_\_\_\_\_ County, do by this presence constitute and convey Foreign Auto Rebuild Inc. to endorse all forms, checks, and/or drafts for the transfer of proceeds regarding repairs to this vehicle:

Year, make, model \_\_\_\_\_

License plate # \_\_\_\_\_

Regarding an accident occurring on \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shop Policy

Repairs are to be paid in full upon delivery of vehicle. Please make arrangements to have cash, cashier's check, insurance check, or personal check available for payment.

SORRY.... NO Debit, Credit or ATM Cards Accepted.

If going through insurance, it is your responsibility to pay your deductible to Foreign Auto Rebuild, Inc.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_