

FORT MITCHELL GARAGE  
1420 DIXIE HIGHWAY  
PARK HILLS, KY. 41011

AUTHORIZATION TO REPAIR

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

VIN \_\_\_\_\_

I hereby authorize Fort Mitchell Garage and its representatives to estimate and perform procedures, as required, to repair my vehicle and Fort Mitchell Garage agrees to make said repairs. I understand that payment in full is due upon release of vehicle including additional or supplemental damage costs and I agree to make said payment. I hereby grant you and your employees permission to operate the vehicle on streets, highways or elsewhere for the purpose of testing and inspection. An expressed mechanic's lien is hereby acknowledged on the vehicle to secure the amount of repairs thereto. Old parts will be discarded unless otherwise instructed in writing. I authorize you to sign on my behalf any check payable from the insurance company relating to the repairs of my vehicle. I understand that I am responsible for obtaining insurance recovery and any difference in insurance payments and repair cost shall be my responsibility. Alternatives to release of vehicle prior to full payment will be at the discretion of Fort Mitchell Garage.

Owner/agent \_\_\_\_\_ Date \_\_\_\_\_

Fort Mitchell Garage \_\_\_\_\_ Date \_\_\_\_\_