



121 Jobs Hill Rd.
Ellington, CT 06029
(860)871-8138
Fax (860)870-4916
Email: autoauthority@sbcglobal.net
On the web: www.autoauthorityllc.com
Tax ID - 020606742

Work Authorization

Name _____ License Plate _____
Address _____
Home Phone _____ Business/Cell Phone _____
Year _____ Make _____ Model _____
Insurance Company _____ Claim # _____

I hereby authorize the repair work to be done along with the necessary material, and hereby grant you/your employee's permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing/inspecting. An express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. Auto Authority, LLC is not responsible for the availability of parts, or delays in part shipments neither beyond their control, nor for the loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, or any cause beyond our control.

I do hereby appoint the aforementioned business to accept on my behalf any, and all checks, drafts, or bills of exchange, and endorse all such checks, drafts, or bills of exchange for deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released, and accepted.

Direction To Pay

I authorize _____ Insurance Company to pay Auto Authority, LLC directly on claim number _____. In the event the insurance or the adjustment company inadvertently mails the settlement / supplement check to me in error. I hereby agree to notify the said shop immediately, and agree to deliver such check to the repair facility within 24 hours of my receipt of such check.

Customer Signature _____

Customer Name (*Please Print*) _____

Date _____