Customer Name:	Vehicle:	
Insurance Co.:	VIN#:	
Po	ower of Attorney Agreement	
The unc	dersigned does hereby constitute and appoint:	
	My Body Shop, Inc. 123 ABC St Smalltown, USA	
such checks, drafts, and bills of exc	n my behalf any and all checks, drafts, or bills of exchange, and endorse all change for deposit to the aforementioned business' account for credit on mires on my vehicle which has been released and accepted.	
Accepted by:	Date:	
	Authorization to Repair	
estimate. The current estimate of rep on further inspection, any additional contacted for authorization. You are heavy or large, and those required to	Inc to repair the above mentioned vehicle according to the attached repair pairs totals \$ which includes parts, labor, and diagnosis. If parts or repairs are necessary, you and/or your insurance company will be entitled by law to the return of all parts replaced, except those which are to be sent back to the manufacturer or distributor because of warranty work itled to inspect the parts which can not be returned to you.	e too
and/or your employees permission to the purpose of testing and or inspect	work to be done along with all necessary materials, and hereby grant you operate the vehicle herein described on streets, highways, or elsewhere fion. I agree that the company is not responsible for loss or damage to this the vehicle caused by fire, theft, or any other cause beyond our control. Outy of parts or shipping delays.	
insurance coverage is to be applied a	air charges must be paid before the vehicle can be released for delivery. If against partial or total payment, I acknowledge that the insurance check/dr n advance by the insurance company prior to release of the repaired vehic	
Vehicle Owner Signature:	Date:/	