

Hometown Automotive and Auto Body Inc.

1670 Washington St. Holliston, MA 01746

Phone 508-429-4550 Fax 508-429-4660

RS#5282 Tax ID# 20-8412413

Work Authorization

Authorization to Repair—Direction to Pay—Mechanic's Lien

Customer/Owners Name _____

Vehicle Year/Make/Model _____

VIN# _____

Insurance Company _____

Date of Loss _____ Claim Number _____

1. I hereby authorize Hometown Auto Body, Inc. to commence repairs upon my vehicle listed above using the necessary material and hereby grant you and/or your employees' permission to operate the vehicle listed above on streets, highways or elsewhere for the purpose of testing and /or inspection. You are also granted permission to disassemble components of my vehicle for the purpose of writing a comprehensive damage assessment in advance of or in cooperation with above stated insurance company.
2. I hereby authorize the above stated insurance company to issue and forward payments directly to Hometown Auto Body, Inc. to the address listed above.
3. Vehicles will not be released to customer unless payment is made in full. In order to secure the total cost for the repairs completed to the subject vehicle, and express mechanic's lien is hereby acknowledged on above stated vehicle.

Print Owner's Name _____

Signature of Owner _____

Dated Signed _____

Customer Contact Information

Phone# _____ Work# _____

Email _____