

Date _____ Advisor ID: _____

Repair Service Agreement

CUSTOMER CONTACT INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone: _____

REPAIR VEHICLE INFORMATION

Year: _____ Make: _____

Model: _____

VIN# _____



www.dentoneinc.com

P. O. BOX 50654
DENTON, TX 76206

REPAIR SHOP LOCATION

1125 DUNCAN STREET
DENTON, TX 76205

TAX ID# 20-5923941

TEL: (940) 220-9445

www.autohailrepairs.com

RENTAL AGREEMENT

Do you have Rental Coverage on your insurance policy? Y / N

Rental MVA# _____

By signing this Additional Driver Agreement form below, the undersigned who is the "Additional Driver" represents that he/ she is 25 years or older, possesses a valid driver's license and agrees to the terms of the rental agreement for unit with "MVA Number" listed above. Thank you again for your business!

Rental Driver Signature _____

INSURANCE DIRECTION TO PAY AUTHORIZATION

I hereby authorize Dent One to remove/ repair hail damage from my vehicle described herein. I also hereby grant permission to Dent One representatives to operate my vehicle for the purposes of repairs. I consent to a representative of Dent One calling my insurance on my behalf for payments relative to this repair only and for any discussions and further adjustments/ supplements to the estimates generated by the insurance company for this single physical damage claim. I consent that Dent One receive payments directly from the insurance in the case of said repairs. I also grant Dent One permission to act as power of attorney to sign or endorse any check and or draft made payable to me and any release thereto as settlement for my claim to this vehicle.

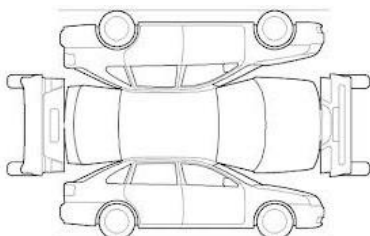
Finally, to secure payment in the amount of the repairs thereto, an expressed mechanics lien on the vehicle is acknowledged and I further agree to pay reasonable attorney fees and court costs in the event legal action becomes necessary to enforce this agreement/ contract. Taking delivery will be acknowledgment of my complete satisfaction with repairs done to my vehicle.

Insurance Company: _____ Deductible Amount: \$ _____ .00

Claim #: _____ Type of Loss: _____ Hail / Collision

Customer Signature : **X** _____

PRIOR DAMAGE NOTES

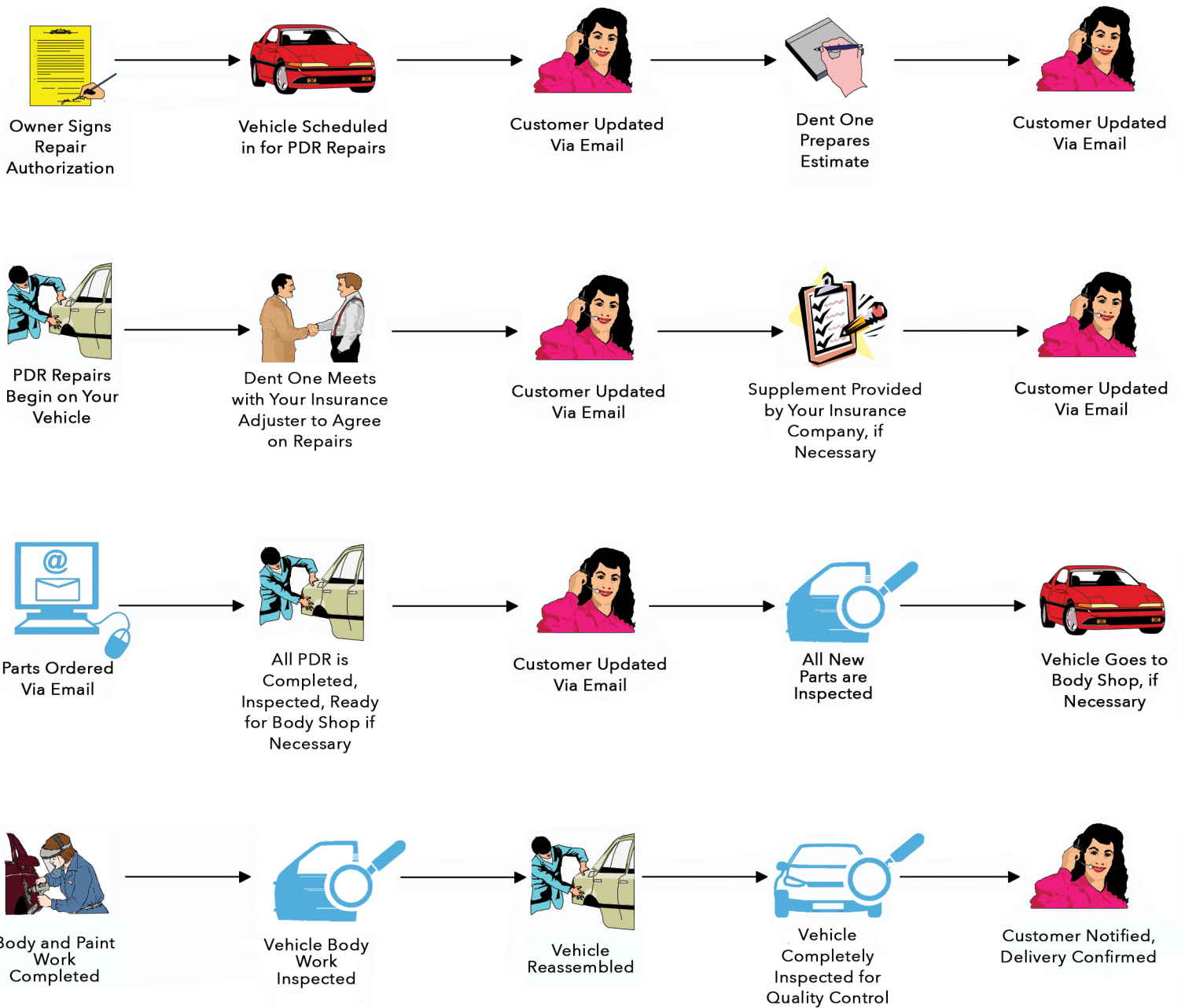


X- Paint scratch, crack or door ding.

NOTES: _____



HOW DOES THE PROCESS WORK FOR REPAIRING MY VEHICLE?



This flow chart is designed to keep you informed of the sequence and repair process of your vehicle. Dent One's commitment is to return your vehicle to you as soon as possible in pre-hail condition. Should you have any additional questions, feel free to ask your Dent One service advisor.

THANK YOU FOR CHOOSING DENT ONE TO REPAIR YOUR VEHICLE