## **Hulen Auto Collision Center**

HULEN AUTO COLLISION CENTER

| 7232 Kingswood Dr<br>Fort Worth, TX 76133  | Phone: 817-292-6800<br>Fax: 817-292-6801   | hulenautocollision@gmail.com<br>www.HulenAutoCollisionCenter.com   |
|--|--|--|
| Customer Information: (Please print cle  | early)   |  |
| Customer/Claimant:   | *E-MAIL  | :  |
| Address:   |  |  |
| City/State:  |  | Zip:   |
| Cell Phone:  | Work Phone:  |  |
| Insurance Information:   |  |  |
| Insurance Company:   |  | _  |
| Claim #:   | Customer Deduc   | tible:   |
| Do you already have an insurance check?  | ? Amount of Check:   |  |
| Vehicle Information:   |  |  |
| IN#:Year/Make/Model:   |  |  |
| License:State:   | Mileage:Pair   | nt Code: Color:  |
| Customer Comments/Requests:  |  |  |
|  |  | ·  |
| Hulen Auto Collision Center's Labor rates: \$65/hr Paint & Body, \$12  | 5/hr mechanical, \$51/hr Paint material, \$55/day Storage  |  |
| Hulen Auto Collision Center's paint material rates are \$51/hr, Custo<br>Any Checks made out to the customer must be signed over to the sl<br>total balance. Paying with Cashier's checks or cash will not incur any   | hop. Any Direct deposited payments or checks received that   |  |
| Most Insurance companies include the use of aftermarket parts in e<br>properly. If the bumper was painted, then the part cannot be return  |  |  |
| I hereby authorize the estimated repair work to be done along with<br>highways, or elsewhere for the purpose of testing and/or inspectior  |  |  |
| No vehicle will be released until payment is made in full, deductible<br>(including all lien holders) have endorsed the insurance check prior<br>in case of fire, theft or any other causes beyond our control. We are<br>the repair of the vehicle subject to the repair contract. I understand<br>the repair on vehicle is stopped, dishonored because of insufficient | to completion of repairs. Hulen Auto Collision Center is not re<br>also not responsible for any delays in shipments by supplier<br>this vehicle is subject to repossession in accordance with #9 | esponsible for loss or damage to vehicle, articles left in vehicle,<br>s or transporters. I am the person who is obligated to pay for<br>.503. Texas Bureau and Commerce Code, if check or money for |
| Known all men by these presents that the undersigned, do hereby or<br>place and stead of the undersigned check or draft issued above nam<br>necessary to negotiate such a check or draft for the purpose of payi<br>virtue hereof.   | ned insurance company to cover all or part of repairs to my v  | ehicle which are authorized by me in whatever manner   |
| We are not res   | ponsible for any articles left in  | n the vehicle.   |
| Signed:  | Date:  | _  |
| Printed Name:  |  |  |
|  |  |  |
| I Certify that the Repairs are Complete t  | to my satisfaction:  |  |
| Date:  |  |  |