



Vehicle Check In Worksheet

Repair Order: _____ Customer Name: _____
 Drop Off Date: _____ Claim #: _____
 Target Delivery: _____ Deductible Due: _____
 _____ Email Address: _____
 Additional Concerns _____ First Contact Phone Number: _____
 How often would you like a status update? _____ Second Contact Phone Number: _____

Are Dash Indicator Lights On? No ___ Yes ___ Check Engine / Air Bag / Service / Other Fuel Level (Circle) E ¼ ½ ¾ F
 Mileage _____

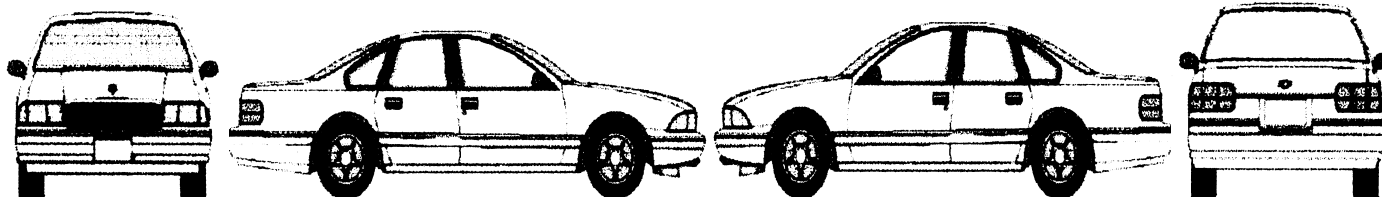


Diagram Key: Scratch --- Dent x x x Chip ✓ Missing ○

Please Remove Your Belongings:

Sometimes our customers forget to remove, or leave personal or necessary items at vehicle check-in. Please check to make sure you have removed the following from your vehicle.

- | | | | |
|--------------------|-----------------|------------------|-----------------------------|
| Garage Door Opener | Pull-Out Stereo | CD's / Cassettes | Pager / Cell Phone / Laptop |
| Money / Coins | Clothes | Parking Permits | Child's Car Seat |

Please Note: The battery may need to be disconnected during repairs so preset radio stations may need to be reset.

Payment Policy

Upon completion of the vehicle, any deductible, betterment or customer pay items must be paid for in full and in cash, certified funds, or credit card. I understand that Moody's Collision Centers, inc. does not accept credit cards for the insurance portion of my bill. I understand the vehicle will not be released to me until payment is received or arrangements have been made for payment with the primary payee. It is the customer's responsibility to secure third party endorsements. Insurance checks can be endorsed by all parties directly to the repair center. Vehicle owner will be responsible for any attorney fees and court costs related to collections of payments.

Work Authorization

- I hereby authorize the repair work set forth to be done, along with the necessary parts and materials. The estimate of repair includes parts, labor, and diagnosis. If upon further inspection, additional repairs are needed, the primary payee will be contacted for authorization.
- I understand that Moody's Collision Centers, Inc. is not responsible for loss or damage to the vehicles or articles left in the vehicle in case of fire, theft, accident, or any cause beyond their control.
- I hereby grant your co-workers permission to operate my vehicle for the purpose of testing and/or inspection on streets, highways, or elsewhere.
- I understand that if a third party provides a replacement vehicle, Moody's Collision Centers, Inc. is not responsible for costs, damages, or any liability.
- Delivery dates given are approximate and will change if additional parts or repairs are needed. We will contact you if the delivery date originally quoted needs to be adjusted for any reason. If you have any concerns, please feel free to call us at any time.

Signed by: _____ Date: _____

Vehicle / Payment Release

I authorize _____ insurance company to make direct payment to Moody's Collision Centers, Inc. on my behalf.

Signed by: _____ Date: _____