

Albin's Performance Inc.

5420 Marshall St. Unit C

Arvada, Co 80002

Phone: 303-423-1009

Fax: 303-423-1009

albinsperformance@hotmail.com

CLAIM #: _____

DIRECTION TO PAY CLAUSE FOR REPAIR SETTLEMENTS

The undersigned hereby authorizes you to pay the sum of \$_____ mentioned in your release of all claims for damages arising out of the above captioned loss directly to Albin's Performance Inc. at 5420 Marshall St. Unit C, Arvada, Co 80002. The customer understands that he / she has the ultimate responsibility to pay the repair bill if there should be any denials and / or non-payments:

POWER OF ATTORNEY

The undersigned, hereinafter called 'owner' for the consideration of repairs made to Owner's automobile, does hereby grant to said Albin's Performance Inc. Owner's power of attorney to sign or endorse any checks and / or drafts made payable to Owner, and any releases thereto, as settlement for Owner's claim for damages to the described automobile:

AUTHORIZATION TO REPAIR

Vehicle:

I hereby authorize the repair work hereinafter set forth to be done along with necessary materials. I agree that you are not responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, hail, or any cause beyond your control or any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter, I hereby grant you and / or your employees permission to operate the vehicle herein described on streets, highways, or elsewhere for the purpose of testing, inspection, or delivery. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto.

AUTHORIZED BY:

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____