

Daya's Custom Autos, Inc.

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Federal Tax I.D.# 592235606 www.dayas.com

AGREEMENT TO ESTIMATE AND NEGOTIATE REPAIRS AND COMPANY REPAIR POLICIES

CUSTOMER NAME _____ DATE _____ CELL PHONE _____
ADDRESS _____ OFFICE PHONE _____
CITY _____ STATE _____ ZIP CODE _____ EMAIL _____
CAR MAKE _____ YEAR _____ MODEL _____ COLOR _____
CHECK ONE: () INSURANCE CO. _____ () SELF PAY

Thank you for giving us the opportunity to provide you with our superior collision repair service. To facilitate in the repair process of your vehicle, please read the following carefully. If you have any questions please do not hesitate to ask.

AUTHORIZATION. I hereby authorize the repairs to my vehicle including the necessary materials and sublet work. This includes the estimate, disassembly, and the test driving of the vehicle. Daya's Custom Autos, Inc. may operate my vehicle for the purpose of testing, inspections, and delivery at my risk.

VEHICLE REMOVAL FEE. If I cancel the repairs or remove my vehicle for any reason, I agree to pay any incurred charges including, but not limited to, an administrative fee, parts restock fee, repair processing fee, tear down/reassemble fee, tow bill and storage fees (Maximum of \$100.00/Day) . The repair facility is not responsible for damage caused by theft, fire or acts of nature. Initials

PERSONAL ITEMS. Daya's Custom Autos, Inc., assumes no responsibility for any item left in the vehicle or for any non-factory accessories (i.e. CD's, tapes, ipods, MP3's, radar detectors, E-pass, mobile navigation units, DVD's, speakers, stereo systems, etc.). Daya's Custom Autos, Inc. will not guarantee any aftermarket, used, or reconditioned parts.

GAS. Please make sure gas is filled to at least a quarter of a tank prior to dropping vehicle off for repairs. Failure to do so will incur unnecessary charges to you. Initials This does not apply for any non-hybrid electric vehicles.

TIME. We will keep you updated throughout the repair process. **THIS IS ONLY AN ESTIMATE, NOT A PROMISE** and applies only to the work being done by Daya's Custom Autos, Inc. and not any work being done by the dealership or other sublet vendors. Other factors adding to the repair time to consider are: the amount of time it takes for the insurance company representative to come out and agree upon the repair price with our estimator, and the availability of all necessary parts and paints. Sometimes there is hidden damage not found at the time the original estimate is written. Should this be the case, all work must stop until the insurance company has had the opportunity to verify the newly found damage. Initials

RENTAL. In cases when vehicle repair time exceeds any rental coverages, Daya's Custom Autos, Inc. is not responsible for any rental charges incurred. Initials

BILLING. All insurance companies have the right at the end of the repair to re-inspect the car and verify the bill **BEFORE** payment is made and the **CAR IS RELEASED.** The insurance company will process payment for your claim and deliver the necessary documents or checks at their own convenience and it is difficult to say how long that will take.

Please remember that our billing cannot be closed and presented to the insurance company until the repair has been completed and all vendors have supplied us with their invoices. Therefore, the day your car is finished and the day that it is ready for delivery may not be the same day if you are relying on the insurance company for payment.

PAYMENT. Please contact us regarding payment **BEFORE** you come to pick up your vehicle. All charges for repairs must be paid at the time of delivery. For your convenience, we will accept insurance drafts and any form of certified funds. **WE DO NOT ACCEPT PERSONAL CHECKS FOR MORE THAN \$500.00 OR BUSINESS CHECKS FOR MORE THAN \$1000.00. You will need a Florida Drivers' License and your check must be drawn from a local bank. It is the customers responsibility to obtain all the necessary signatures on the checks submitted for payment.**

WE DO NOT ACCEPT CREDIT, DEBIT, ATM CARDS, CREDIT CARD CHECKS, STARTER CHECKS OR 3RD PARTY PAYMENTS. Initials

SUMMARY OF USUAL PROCEDURE. In general, the insurance company will issue a check based on the initial estimate and send it to you or to us when we start the repair work, or soon thereafter. Then, after the repair has been completed and we submit a final bill, the insurance will issue a supplemental check for the parts price increases, open items and any other charges accrued during the repair. You will need to sign over the insurance check that may already been issued. Also, at the time of delivery, you must pay your deductible and other authorized charges you may have incurred, and sign any documents related to our obtaining payment in full. At the discretion of Daya's Custom Autos, Inc. full payment is required upon delivery including but not limited to original estimate total, deductible and any supplements. **REMEMBER, AT ALL TIMES YOU ARE LIABLE FOR THE ENTIRE REPAIR BILL AND ANY PART THEREOF THAT IS NOT PAID BY THE INSURANCE COMPANY.** Initials

FAILURE TO TAKE DELIVERY. Notification will be given by telephone when the repair is completed. If, within 3 days after having been notified that your car is ready for delivery, you do not pick up your car and pay for it in full, and if you have not obtained a written or verbal agreement from Daya's Custom Autos, Inc. to keep your car for additional time, your car will be placed in storage at a minimum of \$100 per day, to offset costs for insurance and security and interest will be charged on the full bill at the current bank lending rate.

Should there be a problem with your repaired car, you must immediately notify Daya's Custom Autos, Inc. of the problem, and within a reasonable time return the car to Daya's Custom Autos, Inc.

POWER OF ATTORNEY. I hereby authorize the insurance company to pay direct, and in the name of the same, all approved supplement payments resulting from my loss. I do hereby authorize Daya's Custom Autos, Inc. to sign any drafts or documents on my behalf for the additional repairs, if need be.

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW AND SIGN:
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.

___ I AUTHORIZE THE INSURANCE COMPANY TO NEGOTIATE REPAIRS. (CHECK IF INSURANCE CLAIM) CLAIM# _____

___ I REQUEST A WRITTEN ESTIMATE.

___ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$_____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

___ I DO NOT REQUEST A WRITTEN ESTIMATE.

I acknowledge that I am liable for the entire repair bill and I agree to pay reasonable costs and attorney's fees in the event legal action is required to enforce the terms included herein.

Owner Signature (No Electronic Signatures) _____ Date _____

PLEASE FAX BACK TO (407) 331-6354 or Email to FrontDeskNorth@dayas.com