

## How did you hear about Dent Source?

☐

Google

☐

Waze

☐

Mailer

☐

TV Commercial

Channel # \_\_\_\_\_

☐

Radio Commercial

☐

Door Hanger

☐

Text Message

☐

Referral

☐

Internet

☐

Facebook

☐

Instagram

☐

Youtube

☐

Hulu

☐

Fire Stick

☐

Prime

☐

Pandora

☐

Billboard

☐

Outside Sales

Sales  
Person \_\_\_\_\_



## AUTO HAIL GROUP, LLC AUTHORIZATION AND DIRECTION OF PAY

I authorize AUTO HAIL GROUP, LLC. To repair my vehicle.

I authorize \_\_\_\_\_ to pay Auto Hail

(Insurance Company)

Group, LLC directly for the repairs performed on my vehicle.

X . Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Owner Printed Name: \_\_\_\_\_

Vehicles Description: \_\_\_\_\_

Year/Make/Model

V.I.N. \_\_\_\_\_

(Must be 17 alphanumeric characters)

Claim Number: \_\_\_\_\_

Date of loss: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Office: Auto Hail Group, LL  
Telephone: 405-883-8838  
Email: Customerservice@autohail.group

Federal Tax ID: 33-3606518  
119 Riverwalk Dr. Box 353  
Moore, OK 73160

Writer: \_\_\_\_\_

Salesman: \_\_\_\_\_

Pay: \_\_\_\_\_

Location: \_\_\_\_\_



Drop Date: \_\_\_\_\_

Estimate Amount: \_\_\_\_\_

Collision or Hail?: \_\_\_\_\_

### Personal

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Vehicle Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ . \_\_\_\_\_

### Insurance Information

Name of Insured (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Provider: \_\_\_\_\_ Claim #: \_\_\_\_\_

What is your deductible? \_\_\_\_\_

Have you had an estimate done on this vehicle? \_\_\_\_\_ If so, do you have a copy of the estimate? \_\_\_\_\_

Have you received a check for this claim? \_\_\_\_\_ If you have received a check, has it been cashed? \_\_\_\_\_

Adjuster Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

### Reference

How did you hear about our company? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## REPAIR AUTHORIZATION

**PERMISSION TO REPAIR & RELEASE.** I authorize the repair of my vehicle and grant permission to DENT SOURCE to operate the vehicle for the purpose of testing and/or inspection. I authorize DENT SOURCE to conduct repairs in any way that deems necessary. I authorize DENT SOURCE to perform mechanical repairs. I agree that DENT SOURCE is not responsible for the loss of damage to this vehicle and/or articles left in the vehicle due to fire, theft or any other cause beyond its control.

☒ Initial

**ADDITIONAL REPAIRS & PRIOR DAMAGE.** I acknowledge that if closer analysis reveals additional repairs are necessary, either I or my insurance company will be contacted for authorization of any additional repair charges. If new parts listed in the attached repair order are not available, I authorize DENT SOURCE to repair such damage or worn parts when possible. Old parts will be thrown away unless otherwise instructed. I authorize DENT SOURCE to manufacture access to dents that may not be accessible due to their location on the vehicle. DENT SOURCE is not responsible for prior damage listed in Comments/Parts section on this estimate.

☒ Initial

**PAYMENT.** I agree to pay for all repair charges, not previously paid to DENT SOURCE by my insurance company, and further understand that the total amount of the repair charges must be paid before the attached vehicle can be released for delivery. If insurance coverage pays either a portion of or the total amount due, I acknowledge that the insurance companies check/draft must be obtained by me or sent in advance by the insurance company to DENT SOURCE and received by DENT SOURCE. I also acknowledge that I must make arrangements with any lien holder or other payees to endorse the insurance check/draft prior to the release of the repaired vehicle. I authorize any and all supplements payable directly to DENT SOURCE for the consideration of repairs made to the vehicle. I hereby authorize DENT SOURCE to act as Power of Attorney to sign for or endorse any checks and/or drafts make payable to me and any release there to, as settlement for my claim for damage to this vehicle.

☒ Initial

**TOTAL LOSS.** Vehicles deemed a total loss by insurance provider will be charged an administration fee, storage fee from date of drop and any repairs or parts installed.

☒ Initial

**FAILURE TO PAY.** In the event that I fail to pay pursuant to the paragraph above, I acknowledge an expressed mechanics lien on the vehicle to secure payment in the amount of the repairs, and further agree to pay responsible attorney's fees and court costs in the event that legal action becomes necessary to enforce this contract. This agreement is governed by and shall be construed in accordance with the law of Oklahoma and the parties submit all their disputes arising out of or in connection with this agreement to the exclusive jurisdiction of the courts of Oklahoma County, OK.

☒ Initial

**REVIEWS.** Leaving a negative review on social media, internet, or any other media outlet, will result in forfeiture of all promotional discounts, including but not limited to deductible coupon, rental car fee and/or cash back offer. Failure to reimburse in a timely manner will result in legal action. Customer shall pay all legal fees incurred by DENT SOURCE enforcing the terms of this contract.

☒ Initial

Authorization:  Date: \_\_\_\_\_