

1003 Highway 11 South
Picayune, MS 39466
PH: 601-798-3126



Customer Information

Name: _____

Address: _____

Cell: _____ Home: _____

Email: _____

Preferred method of electronic communication: Text Email

Vehicle Information

Year: _____ Make: _____ Model: _____

VIN: _____

Payee Information

Insurance Company Name: _____ Claim #: _____

Have you received a check? Yes No. Is there a lien holder on the check? Yes No

If so, who is the lien holder? _____

Full payment, including deductible, is expected upon completion of repairs. A \$50 per day fee may be assessed to vehicles left longer than three days after repairs are complete. Walker's Collision Center LLC reserves the right to have the vehicle towed and held if any portion of payment is returned.

Authorization

I authorize Walker's Collision Center LLC to conduct necessary repairs to my vehicle. I understand that the complete scope of repairs cannot be determined until a detailed disassembly is conducted.

Owner

Date

Direction To Pay

I authorize the paying party to pay Walker's Collision Center LLC directly for the amount of repairs and any supplements.

Owner

Date