

**CUSTOMER CHECK IN SHEET**

***PLEASE TAKE EVERYTHING OF VALUE OUT OF YOUR VEHICLE AND THEN PLEASE INITIAL HERE \_\_\_\_\_ THANK YOU.***

<b>Name:</b> _____
<b>Address:</b> _____

Home #	
Work#	
Cell#	Would you like text updates? Yes or No
E-Mail	
How did you hear about our facility ?	

<b>Method of Payment:</b> Cash / Insurance
<b>Ins. Company:</b> _____
<b>Claim #</b>

<b>Does your vehicle have remote start?</b> <small>(Please choose from the choices below)</small>
<input type="radio"/> Yes: Factory
<input type="radio"/> Yes: Aftermarket
<p style="text-align: center;"><b>Or</b></p>
<input type="radio"/> No

Dear Valued Customer,

We ask that you make sure anything you think is of value is kindly removed out of the vehicle, that Bi-County Auto Body will be repairing. This includes: I-Pods, Cell Phone, Sun Glasses, GPS, Clothing, and Shoes, including anything that holds sentimental value. We run an operation where outside vendors do come in for our sublet repairs and we want to insure your valuables are not lost or misplaced. Please sign below stating you have read this and have removed all valuables from the vehicle.

**\*\* Please take a moment to tell us what your main concerns are regarding the repairs to your vehicle so that we can better ensure your satisfaction and that you have read the above and agree by signing below .**

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\_\_\_\_\_  
**Customer Signature**

## **Authorization to Repair - Direction to Pay**

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Submit signed & completed form to MetLife Auto & Home as an attachment or as a digital photograph.  
Original to be retained at shop and produced upon request.

Shop Name: Bi - County Auto Body

Address: 400 East Jericho Tpke

City: Smithtown

State: NY

Zip code: 11787

Federal Tax Identification Number (TIN): 113159504

Claim Number:

Vehicle Owner:

Vehicle Year, Make, & Model:

Vehicle Identification Number (VIN):

I hereby authorize said facility to commence repairs upon my vehicle.

Furthermore, I authorize MetLife Auto & Home to issue any payment to the  
aforementioned facility and, mail said payment directly to this repair facility.

\_\_\_\_\_  
Signature of Vehicle Owner

\_\_\_\_\_  
Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation