

**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**

**REPAIR AUTHORIZATION FORM and DIRECTION OF PAY  
BI-COUNTY AUTOBODY II**

Vehicle Owner's Name: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Year      Make      Model      Vin#

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

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

INS. Company: USAA

Deductible Amount: \$ \_\_\_\_\_ Date Verified: \_\_\_\_\_ By: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

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**Designated Representative Form**

I \_\_\_\_\_ authorize BI-COUNTY AUTOBODY as my designated Representative, as provided for in regulation 64 of the insurance department, State of New York only as to my motor vehicle damage. This is not an authorization to repair.

\_\_\_\_\_

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I authorize BI-COUNTY AUTOBODY II of Smithtown to estimate and repair my vehicle, unless it is an economic total loss.

\_\_\_\_\_  
Vehicle Owner's Signature      Date

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I authorize USAA to pay BI-COUNTY AUTO BODY II On my behalf.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto. And any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of 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 insurance act, which is a crime. And shall 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.

\_\_\_\_\_  
Vehicle Owner's Signature      Date

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I certify that the vehicle has been repaired to its preloss condition relative to safety, function, and appearance.

\_\_\_\_\_  
Repairer's Signature      Date