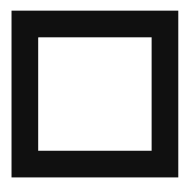




Drop-Off Guide

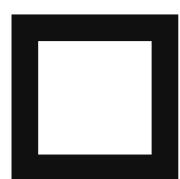
DROP-OFF CHECKLIST

If you have any questions or concerns
please contact us at: contact.autoplexcr.com



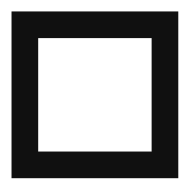
Insurance Information

Be sure to include any checks you have already received. We will work directly with your insurance carrier for any supplemental monies needed to complete the vehicle repairs. We will require any pre-payments you received from insurance prior to picking up your vehicle.



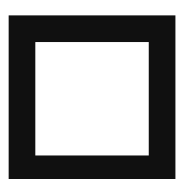
Deductible

Your deductible amount can be found on your insurance claim. Your payment is due upon drop-off of the vehicle (*this ensures an easy process and allows you to pick your ride up after hours if needed*). You can also include any prior estimates from your claim if you didn't start your estimate with us.



Intake Paperwork

We have attached the paperwork we need on our end to get your repairs started. We recommended filling this out before your arrival for a quick drop-off process. If you have questions, we are happy to answer them anytime by calling your local Auto Plex location.



Pre-Wash + Belongings

Pre-washing speeds up the repair process by ensuring no extra steps in the repair process. Also, remember to collect any personal belongings from your vehicle. We will not be responsible for any items left during the repair process.





Name: _____
Phone: _____
Email: _____
Address: _____
City: _____ **Zip:** _____
Preferred Contact: _____
RO: _____

I hereby authorize Auto Plex Collision, its employees, and its designated third-party providers to complete the repair work on my vehicle, as outlined in said estimate. I also authorize the purchase of parts and materials necessary for said repairs. I give Auto Plex Collision Employees and contracted third-party providers permission to operate the vehicle described herein on streets, highways, or elsewhere for the purpose of testing and inspection.

I understand that Auto Plex Collision is not responsible for loss or damage to my vehicle and/or articles left in the vehicle in case of fire, theft, or any cause beyond our control. Please remove your personal belongings from the vehicle, including your child safety seats, medications, firearms, and anything that may be damaged in exposure to extreme heat. Additionally, once your vehicle is prepared for paint, we will not be able to give you access to it, so please remove anything you think you will need during your repair. Notify us if your vehicle uses alternate fuel.

Vehicles towed or driven in, then deemed a total loss, or moved to another facility for any reason by the customer or Insurance Company may be subject to administrative, lot, debris cleanup charges, and/or estimate fees. Any labor, towing, or lift inspection fees must be paid before a vehicle leaves Auto Plex Collision. I agree that if I cancel the work authorization before work is completed, I am responsible for paying for all work completed before notice of cancellation, as well as any parts that have been purchased already.

I understand that my bill must be paid in full before my vehicle will be released to me. Auto Plex Collision accepts credit cards, and insurance check payment. Any alternate payment arrangements must be made in advance of delivery. Prior written notice must be given if return of used or damaged parts is desired by the customer.

I grant Limited Power of Attorney to Auto Plex Collision, authorizing them to endorse any checks received on behalf of the vehicle owner(s).

I understand that every effort will be made to complete my vehicle within the timeframe discussed. However, I also understand that Auto Plex Collision cannot be held responsible for delays that occur as the result of parts availability, insurance company requirements, additional damage discovered in the teardown process, weather delays, and other unforeseen and uncontrollable instances.

I understand that it is possible that once vehicle teardown begins, additional damage may be discovered. In this case, a supplemental claim will be submitted on my behalf to my Insurance Company and this amount will be included in my final total. If this is not an insurance repair, I understand that I will be contacted upon this completion of blueprinting and informed of said damages and plans to correct additional damages.

Direction of Payment (Choose one by initialing accompanying line):

I authorize _____ Insurance Company to pay Auto Plex Collision directly the complete costs of my claim-related repair job, including supplements. Auto Plex Collision will communicate with the Insurance Company directly. In the event the Insurance Company or its representative inadvertently mails the settlement / supplement check to me in error, I hereby agree to notify Auto Plex collision immediately, and I agree to deliver such check to the repair facility within 24 hours of my receipt of such check. I further agree to assume responsibility for the final total should payment not be made to Auto Plex Collision within 30 days.

I will communicate with my Insurance Company. Payment of my claim will be made directly to me. I understand that I am responsible for paying for all repairs and supplements and will pay Auto Plex Collision directly.

This repair is not part of an insurance claim.

I attest that the designation of Auto Plex Collision as the provider of these repairs is my own choice. I affirm that I am aware that I was free to choose any provider to repair my vehicle. I certify that I am the true and lawful owner of the vehicle identified above, or the authorized representative of the owner of the vehicle identified above.

Signature: _____

Date: _____

AUTO PLEX
COLLISION REPAIR

AUTO PLEX

COLLISION REPAIR

Vehicle Check-in Form

Today's Date: _____

Service Rep: _____

A

Name _____ Repair Order# _____

Preferred contact method & number _____ Ins. Co _____

Vehicle Year _____ Make _____ Model _____ Lic _____ Prod Date _____

VIN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

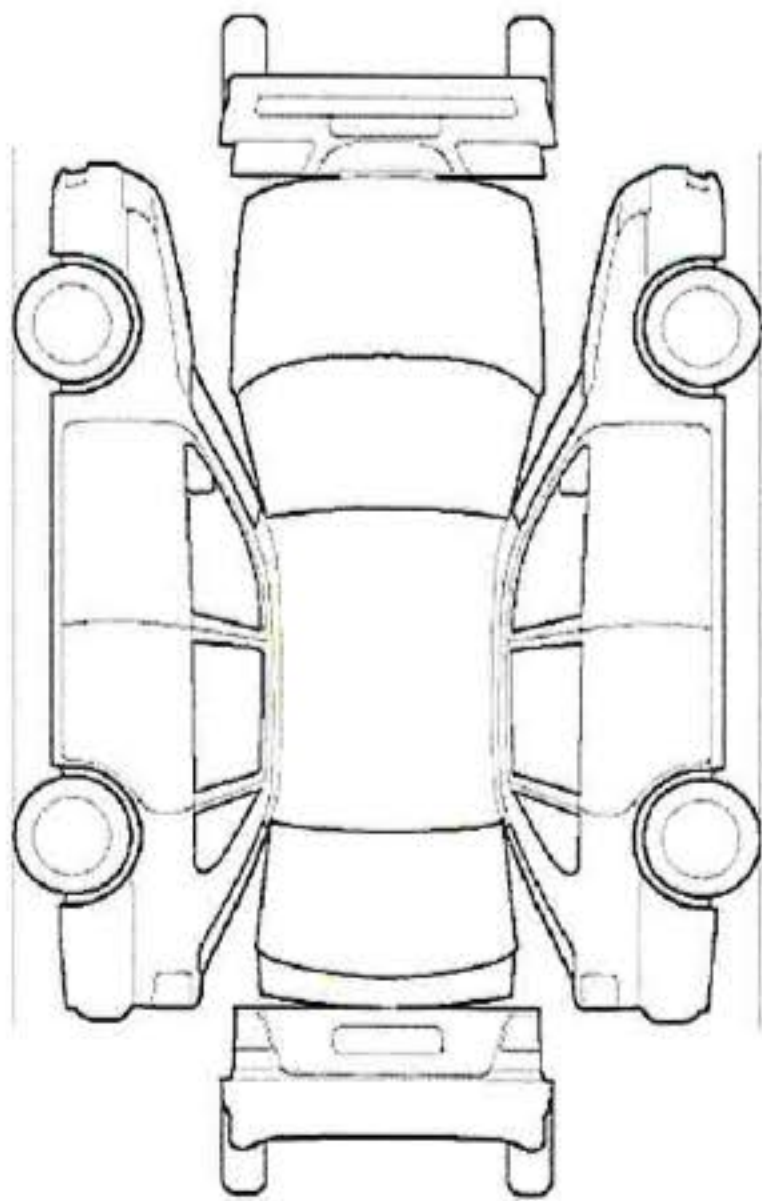
 Mileage _____

Color _____

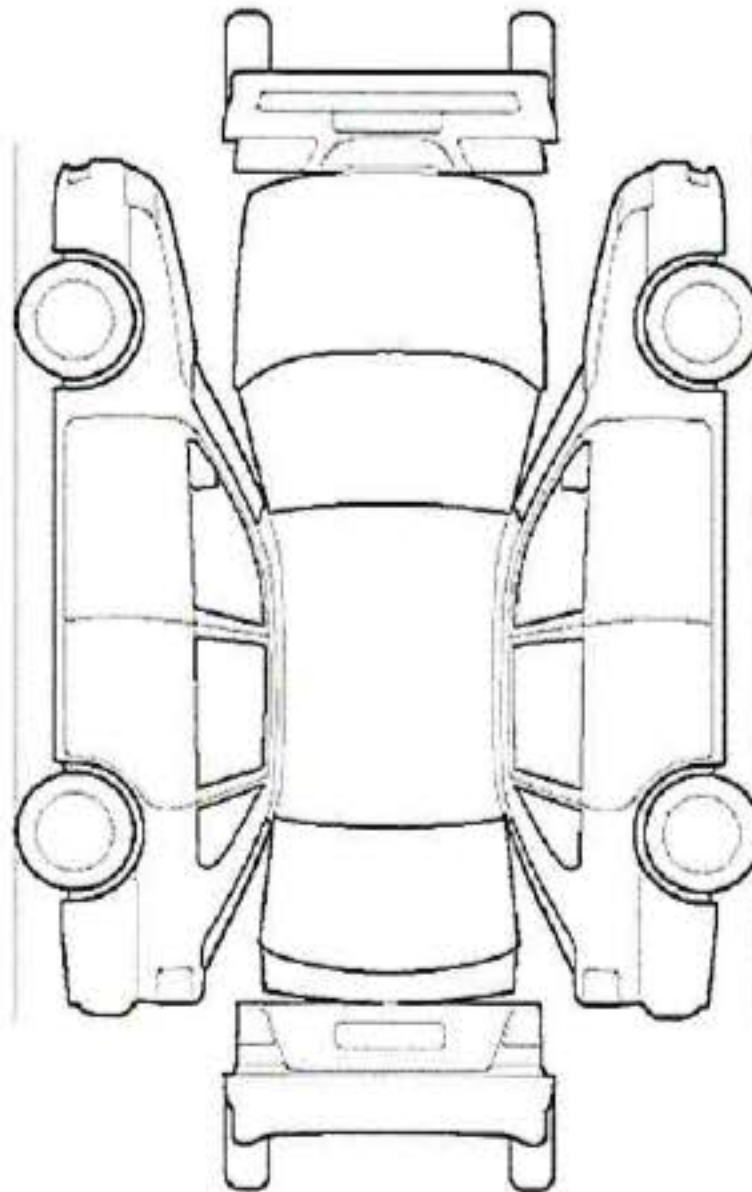
B Customer Reminders

- Garage Door Opener
 Parking Permit
 Wheel Lock
 Child Safety Seat
 Items In Trunk
 Clothing
 CDs
 Cell Phone /Charger
 Other Valuables

C Indicate *accident* damage below



D Indicate *prior* damage below



Prior damage notes

Include glass, interior damage etc.

Warning indicators on instrument panel? Prior or related to this accident?

X = Dent - = Scratch or chip O=Missing

E Customer comments to shop.

Include unusual noises, mechanical, steering issues etc. (Test drive with customer if necessary)

Also use this space to document customer conversations regarding non-related reconditioning opportunities

Fuel Level

E _____ I _____ F _____

F Rep Reminders

- Keys/Remote
 Signed Authorization
 Discuss deductible/payment options
 Radio/Alarm Codes
 Discuss CSI Survey
 4 Corner photos prior to disassembly

G

I acknowledge that condition of vehicle as indicated above is accurate to the best of my knowledge.

Signature _____ Date _____

Quality Control

RO _____ Vehicle _____ Body Team _____

QC Checkpoint 1 - Body to Paint

(Bodywork has been completed per repair order, parts on-hand and vehicle is ready for paint process)

Inspected by Body Team _____

Inspected by Paint Team _____

Inspected by Production Manager _____

QC Checkpoint 2 - Paint To Reassembly

(Paintwork has been completed per repair order and vehicle is ready for reassembly)

Inspected by Paint Team _____

Inspected by Body Team _____

Inspected by Production Manager _____

Final QC Before/After Detail

(Must be initialed by Production Manager & Customer Service Manager)

Exterior

- All RO Lines completed and defect free
- All bare metal areas have been coated
- Chip guard and blackout applied
- All exterior trim, emblems, mlgs. etc. are installed
- Panel alignment is acceptable
- Color match is acceptable
- Wipers, antenna, squirter nozzles properly installed
- All exterior lamps are working / aimed
- All fasteners are secured - bumper, shields, liners
- All applicable fluid levels are acceptable
- Tires are properly inflated/ Lug nuts tight
- Battery connectors are tight
- Spare tire, tools, floor mats, pers. effects in vehicle
 - Water leak test if applicable
 - Vehicle is properly cleaned inside and out
 - Compound / overspray cleaned off

Interior

- Test drive for alignment, wind leaks and mechanical
- Doors, windows, mirrors, locks operate properly
- Interior trim / panels are secured
- DTC scanning complete, warning lamps are not on
- Interior lighting is functioning correctly
- Radio and all other interior electronics are functioning
- Horn works
- Heater and A/C is operating correctly
- Debris is cleared from defroster vents, sunshades, belts
- Sunroof is working
- Mirrors and seats are adjusted
- Check-in sheet review / concerns addressed

Production Mgr. _____

CSM _____

Notes: _____
