



# LAKESIDE COLLISION CENTER

1508 S. 3rd (Hwy. 198)  
Mabank, TX 75147

PHONE: 903-887-6740  
FAX#: 903-887-6750

## DATA SHEET

Customer's Name: \_\_\_\_\_

Customer's Address: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Make/Model/Color of Vehicle: \_\_\_\_\_ Mileage: \_\_\_\_\_

Insurance Company Processing This Claim: \_\_\_\_\_

VIN# \_\_\_\_\_ License Tag #: \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

### Power of Attorney

KNOW ALL MEN BY THESE PRESENT that I(or We), the undersigned, do hereby constitute and appoint \_\_\_\_\_ as my (or Our) true and lawful agent and attorney in fact to endorse in the name, place and stead of the undersigned any check or draft issued by \_\_\_\_\_ (insurance company) to cover all or part of repairs to my (or Our) automobile which are authorized by me (or Us) in whatever manner is necessary to negotiate such a check or draft for the purpose of paying such repairs.

I (or We) hereby ratify and confirm whatever action said agent and attorney in fact may take in such regard by virtue hereof.  
Date this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Assured

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Assured

### REPAIR AUTHORIZATION

I hereby authorize the repair work herein set forth to be done by you, together with the furnishing by you of the necessary parts and other material for such repair, and agree that you are not responsible for any delays caused by the unavailability or delayed availability of parts or materials for any reason; that you shall not be responsible for any loss of or damage to the above vehicle, or articles left therein, in case of fire, theft, accident, damage from freezing due to lack of anti-freeze or other cause beyond your control; that an express mechanics lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto; that your employees may operate the above vehicle on streets, highways or elsewhere for the purpose of testing and/or servicing such vehicle.

#### NOTICE PURSUANT TO 70.001, TEXAS PROPERTY CODE

I AM THE PERSON OR AN AGENT ACTING ON BEHALF OF THE PERSON, WHO IS OBLIGATED TO PAY FOR THE REPAIR OF THE MOTOR VEHICLE SUBJECT TO THE REPAIR CONTRACT. I UNDERSTAND THAT THIS VEHICLE IS SUBJECT TO REPOSSESSION IN ACCORDANCE WITH 9.503 TEXAS BUSINESS AND COMMERCE CODE, IF A CHECK OR MONEY ORDER FOR REPAIR ON THIS VEHICLE IS STOPPED, DISHONORED BECAUSE OF INSUFFICIENT FUNDS, NO FUNDS, OR BECAUSE THE DRAWER OR MAKER OF THE CHECK OR MONEY ORDER HAS NO ACCOUNT ON WHICH IT IS DRAWN HAS CLOSED.

Signature of Person Responsible  
or Agent for Person Responsible

X \_\_\_\_\_