Nexterra Solutions LLC

Repair Authorization

PO Box 1130 Mt. Juliet, TN 37121 (615) 739-6725

| Name: | _ Folder #: | - |
|--|--|---|
| Vehicle: | Mileage: | VIN #: |
| Claim Number: | Deductible: \$ | _ |
| | AUTHORIZATION FOR REPAIRS | |
| | AOTHORIZATION FOR RELAIRO | |
| THAT IF ANY OBLIGATION FOR SAID R SUIT IS BROUGHT FOR PAYMENT, I SH INCLUDING REPOSESSION AND REPOPROVIDED BY LAW. You and your emploinspection, or delivery at my risk. An expression amount of repairs thereto. You will not of fire, theft, accident, or any other cause be any vehicle not picked up NA days after the suit of the sui | The above mentioned vehicle, along with necessions are above mentioned vehicle, along with necessions, partial | S ARE NOT PAID WHEN DUE, OR ONABLE COSTS OF COLLECTION URT COSTS, AND INTEREST AS rehicle for purposes of testing, he above mentioned vehicle to secure wehicle or articles left in vehicle in case NA per day will be charged for RTIFY THAT I HAVE READ THE |
| SIGNED: | DATE: | |
| ALITHORIZATION FOR | PAYMENT OF ORIGINAL AND SUPP | PLEMENTAL REPAIRS |
| I hereby authorize direct payment to Nexte | erra Solutions LLC-TN for the original amoul lemental damage on the above mentioned v | nt of repairs due in the amount of \$ <u>TBD</u> . |
| SIGNED: | DATE: | |
| | POWER OF ATTORNEY | |
| to ask, demand, collect, sign for, and rece to me, related to the motor vehicle herein | our employees as my true lawful attorney for eive all such sums of money that are or sha described. This shall include full power of a struments related to or arising from work do | Il be due owing, payable, and belonging attorney and authority to sign my name |
| SIGNED: | DATE: | |