



AGENT AGREEMENT

I/we _____, as principal(s), authorize **Automotive Consulting Professionals** to act as my/our agent on behalf of me/us in negotiating a settlement (payment) for the named automobile insurance carrier(s), _____.

This authorization is restricted to obtaining on my/our behalf a fair financial settlement for my/our vehicle. I/we will request our agent to act on my/our behalf for what I/we believe is the correct economic value of my/our vehicle.

During this process, I/we agree not to communicate with the insurance carrier(s) or surrender the title of my/our vehicle.

For services provided by my/our agent, I/we agree to pay my/our agent one-third (33 1/3 percent) of the difference between the original settlement offer presented and the correct economic settlement negotiated by my/our agent.

Payment for the services provided by my/our agent will be due upon completion of negotiation services provided. Payment for services should be made out to, as follows: Automotive Consulting Professionals. Payment can be made via PayPal, Zelle or a check mailed to 336 Thompson Avenue, Oceanside, NY 11752.

In the event my/our agent is unable to obtain an economic increase for my/our vehicle. No amount will be due or owing for services provided.

In the event of unpaid invoices, you will be responsible to reimburse the company (Automotive Consulting Professionals) all costs of collection, including but not limited to, legal fees and expenses and any fee which a collection agency is to receive.

I/we agree to the above terms and conditions.

Signature

Print Name

Address

Email

City, State, Zip



THIRD PARTY AUTHORIZATION

Today's Date: _____

Insurance Company: _____

Date of Accident (DOL): _____

Claim Number: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

To whom it may concern:

Please accept this notice as authorization for you to speak with Automotive Consulting Professionals, LLC (ACP) and its representatives regarding my claim and/or my account.

Automotive Consulting Professionals and its representatives are my negotiating agents and have my written consent to speak to you regarding the insurance claim referenced above, and to negotiate a fair financial settlement of that claim. This authorization is to remain in effect until further notice in writing or until my claim is settled.

All questions and communications should be referred to Automotive Consulting Professionals, LLC.

Thank you for your understanding and cooperation.

Insured's Signature _____ Date: _____ Print Name: _____
Last (4) digits of Insured SSN _____

Acknowledgement taken in state of: _____

County of _____ ss: _____

On the day _____ of _____ in the year of _____, before me the undersigned personally appeared _____

_____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary



POWER OF ATTORNEY

I, _____, residing at

_____ hereby appoint **Automotive Consulting Professionals, LLC**, my Attorney-In-Fact (Agent) to do all things necessary to this appointment on my behalf including, but not limited to, negotiate, and settle the claim number referenced below.

Claim # _____

Vehicle Model: _____ Year: _____

Vin #: _____

Signature

Date

Acknowledgement taken in state of: _____

County of _____ ss:

On the day _____ of _____ in the year of _____, before me the undersigned personally appeared

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