

AGREEMENT TO PAY FOR CAR DAMAGES

Location: _____ Date: _____

Parties:

Payor Name: _____

Payee Name: _____

Vehicle Information:

Make/Model: _____

Year: _____

Color: _____

VIN (Vehicle Identification Number): _____

Damage Description:

Payment Terms:

Total Amount to be Paid (USD): _____

Payment Method: _____

Payment Schedule and Due Dates:

Acknowledgments and Representations:

1. Payor acknowledges responsibility for damages to the vehicle described above. 2. Payor agrees to make payments in accordance with the Payment Terms stated herein. 3. Payee agrees that upon receipt of full payment, all claims related to the described damages shall be considered satisfied and released. 4. This Agreement constitutes the entire understanding between the parties with respect to the subject matter herein. 5. Any amendments to this Agreement must be in writing and signed by both parties. 6. This Agreement shall be governed by and construed in accordance with the laws of the State of _____, USA. 7. Venue for any disputes arising out of this Agreement shall be exclusively in the courts located in _____ County, _____. 8. If any provision of this Agreement is held to be unenforceable, the remaining provisions shall remain in full force and effect. 9. Both parties warrant that they have the authority to enter into this Agreement and have read and understood all terms contained herein.

PAYOR'S SIGNATURE

PAYEE'S SIGNATURE

Signature: _____

Signature: _____

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