



**Authorization to Repair – Direction to Pay**

<b>Shop Name</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>
<b>City</b>	<input type="text"/>
<b>State</b>	<input type="text"/>
<b>Zip</b>	<input type="text"/>
<b>Federal Tax Identification (TIN)</b>	<input type="text"/>
<b>Claim Number</b>	<input type="text"/>
<b>Vehicle Owner</b>	<input type="text"/>
<b>Vehicle Year, Make and Model</b>	<input type="text"/>
<b>Vehicle Identification Number (VIN)</b>	<input type="text"/>

**I hereby authorize said facility to commence repairs upon my vehicle.**

**I understand and acknowledge that I have a choice of body shops I could use and I affirm that I voluntarily selected the shop listed above to make the needed repairs on my vehicle.**

**Furthermore, I authorize \_\_\_\_\_ to issue any payment to the aforementioned facility and, mail said payment directly to this repair facility.**

\_\_\_\_\_  
**Signature of Vehicle Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone #**