

Shop Name, Address
N.Y.S. Reg #

DIRECTION OF PAYMENT

DATE _____

I, OWNERS NAME

HEREBY AUTHORIZE DIRECT PAYMENT OF REPAIRS ON MY BELOW MENTIONED
VEHICLE TO BE MADE DIRECTLY TO:

SHOP NAME
PHONE
FAX

YR 19__ MAKE _____ MODEL _____

PLATE # _____ COLOR _____ PHONE# _____

VEH. I.D. # _____ MILEAGE _____

INSURANCE CO. _____ CLAIM OR FILE # _____

ADJUSTER _____

DATE OF LOSS _____

VEHICLE OWNERS SIGNATURE