

# AUTHORIZATION AND DIRECTION TO PAY

*(You have the right to select any repair facility to repair your vehicle)*

Vehicle Owner's Name: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Year	Make	Model	VIN#
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Claim Number: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

I authorize(d) Neil Tapp's Auto Collision Center to estimate and repair my vehicle, unless it is an economic total loss.

\_\_\_\_\_

\_\_\_\_\_

(Vehicle Owner's Signature)

(Date)

I have received a copy of the initial and final automated repair estimate.

I authorize \_\_\_\_\_ (insurance company) to pay Neil Tapp's Auto Collision Center

\$ \_\_\_\_\_ on my behalf.

\_\_\_\_\_

\_\_\_\_\_

(Vehicle Owner's Signature)

(Date)

I certify that repairs have been completed as indicated on the final automated repair estimate.

\_\_\_\_\_

\_\_\_\_\_

(Repairer's Signature)

(Date)

**\*Form must be retained in repairer's records for at least 6 months, or longer if required by state law.**