AUTHORIZATION AND DIRECTION TO PAY

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

Vehicle owner's name:					
Vehicle description:					
Yea	r Make	Mod	lel	VIN	rated the data miles in the
Claim Number:	Sept 91	attained D	ate of loss:		
	Facha de la Pérdide:				mero de Reclamo:
I authorize(d)	Repairer)	to estimate and		e, unless it is	an economic total loss
Vehicle Owner's Signature	gián	ni na nôighay si an In	Date	73	
I have received a copy of th	e initial and final autor	mated repair estima	ate.		1. 1
I authorize State Farm					
Insurance Companies to pa			etropic e painer		orton o State Farm In
modification companies to pa	observigen all mile (7)	(Repairer)	3.	andmo	on my behalf.
	.48101				
Vehicle Owner's Signature		and the second of the second o	Date	Mis and man	numbers and most collis
I certify that repairs have be	en completed as indic	cated on the final au	utomated repair e	stimate.	
Repairer's Signature	ente declaración en	eo aolomani ei ac	Date	non, ize layer	omorden genylnier
Form must be retained in	ronaireria reserta fa	n agnatnos supro		ng ,compas	e senegraca relepia
Form must be retained in	epairer's records to	r at least 6 month	s, or longer if re	quired by sta	te law.

NOTE: For your protection, the law of your state requires the following to appear on this form: Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a felony and subject to criminal and civil penalties. Violation of this provision is a felony of the third degree.

State Farm's Insurance policies, applications, and required notices are written in English. With the exception of any applicable policy language, this document has been translated into another language for the convenience of our customers. In the event of any difference in interpretation, the English language version will control.