

# Dave's Auto Body

COMPLETE AUTO BODY REPAIRS

104 West Railroad Avenue  
Garnerville, N.Y 10923  
Tel. (845) 947-3333 FAX: (845) 947-3402

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## REPAIR AUTHORIZATION & DIRECTION TO PAY

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VEHICLE OWNER'S NAME: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

INSURANCE CLAIM NUMBER: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

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I authorize(d) "DAVE'S AUTO BODY" to estimate and repair the damage to my vehicle unless it is a total financial loss.

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

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I have received a copy of the Preliminary and Supplemental repair estimates as applicable, and I authorize \_\_\_\_\_ to pay "DAVE'S AUTO BODY" \$ \_\_\_\_\_  
(Insurance Company name)  
on my behalf.

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date

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I hereby certify that repair of this vehicle is complete in accordance with the repair estimate.

\_\_\_\_\_  
Repairer's Signature

\_\_\_\_\_  
Date