REPAIR AUTHORIZATION & DIRECTION OF PAY

Claim number: _____

Date of loss: _____

Today's date: _____

Vehicle owner's name _____

Vehicle: _____ _____ _____
Year Make Model

Vehicle Identification Number (VIN): _____

I authorize Bob and Fred Collision, Inc. (Tax ID #11-2999381), of Bethpage, New York to repair my vehicle, unless it is a constructive total loss.

_____ _____
Authorizing customer signature Date

_____
Customer's phone number (cell, work, home)

I authorize payment(s) to be made directly to Bob and Fred Collision, Inc. on my behalf.

_____ _____
Authorizing customer signature Date

BOB & FRED COLLISION, INC., 309 BROADWAY, BETHPAGE, NY 11714
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