

Repair Authorization , Direction of Pay

**A&F Auto Body Inc.
43 West Passaic Street
Rochelle Park N.J 07662
Tax ID# 222201721
Lic# 00333A**

Customer Name : _____

Vehicle Information : _____

Insurance Company: _____

Claim number : _____

I authorize A&F Auto Body to perform the repairs detailed in my estimate. I understand that payment must be made before the vehicle can be released. If additional damage is discovered , the party responsible for the payment will be notified of the additional charges. If there is a lien holder on the insurer's check, the lien holder must endorse the check prior to the release of the vehicle.

I further authorize A&F Auto Body to test drive my vehicle in a responsible manner with any repairs performed. In the case of significant repairs performed on my vehicle, I authorize A&F Auto Body to test drive my vehicle beyond normal test drive conditions, but not beyond a manner consistent with normal daily use.

I authorize any/all supplements as payable directly to A&F Auto Body Inc..

I do hereby appoint A&F Auto Body to act as Power of Attorney in fact to accept, on my behalf, any and all checks, drafts, or bills of exchange, and to endorse all such checks, drafts, bills of exchange for deposit to A&F Auto Body's account for credit on my account for repairs to my vehicle which has been released and accepted.

A&F Auto Body will take every precaution to protect your vehicle during its time here. We do, however, strongly encourage you to remove any and all personal belongings from your vehicle before leaving it with us. We are not responsible for items left in the vehicle during repairs.

RELATED DAMAGE : _____

UNRELATED DAMAGE : _____

CONDITION OF VEHICLE : _____

Customer Signature _____ **Date** _____