

Dependable Auto Body

110 Rector Street • Staten Island • New York • 10310
(718) 447-4898 • FAX (718) 273-0791
N.Y.S. Reg. No. 6430349 • Tax ID # 13-3058631

Owners Name _____

Year/Make/Model _____

Insurance Company USAA Date of Loss _____

Claim Number _____

AUTHORIZATION TO REPAIR

By my signature below, I authorize **Dependable Auto Body** to repair my vehicle, unless it is deemed a Total Loss.

Owner's Signature

Date

DIRECTION OF PAYMENT

By signing below, I authorize the above mentioned Insurance Company to pay **Dependable Auto Body** on my behalf for the above captio/ned claim. I understand I am responsible for my deductible; if applicable.

Owner's Signature

Date

DESIGNATED REPRESENTATIVE AUTHORIZATION

By signing below, I appoint DEPENDABLE AUTO BODY as my designated representative for the above mentioned loss.

Owner's Signature

Date