

# *Dependable Auto Body*

718-447-4898

FAX (718) 273-0791  
110 Rector Street • Staten Island • New York • 10310  
Tax ID # 13-3058631 • NYS Reg. # 6430349

Owners Name \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

Insurance Company \_\_\_\_\_ 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 / POWER OF ATTORNEY

By signing below, I authorize the above mentioned Insurance Company to pay **Dependable Auto Body** on my behalf for the above captioned claim, furthermore I give permission to **Dependable Auto Body** to endorse all checks issued for payment regarding the above mentioned loss. I understand I am responsible for my deductible should it apply.

\_\_\_\_\_  
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