

AUTHORIZATION AND DIRECTION TO PAY
PERFORMANCE AUTO BODY LLC

VEHICLE OWNER'S NAME _____

VEHICLE DESCRIPTION _____
Year Make Model VIN

Claim # _____ Date of Loss _____

Deductible Amount _____ Date Verified _____ Insurance Co. _____

I AGREE THAT PERFORMANCE AUTO BODY LLC WILL NOT BE HELD RESPONSIBLE FOR ANY RENTAL VEHICLE BILLS FOR ANY REASON!!
I AUTHORIZE PERFORMANCE AUTO BODY LLC TO ESTIMATE AND REPAIR MY VEHICLE, UNLESS IT IS AN ECONOMIC TOTAL LOSS
I AUTHORIZE INSURANCE COMPANY TO PAY SUPPLEMENT DIRECT TO PERFORMANCE AUTO BODY LLC WITH THE UNDERSTANDING THAT I WILL BE OBLIGATED FOR PAYMENT IF IT EXCEEDS 30 DAYS FROM BEING SUBMITTED
I ACCEPT TERMS OF DEDUCTIBLE OR BETTERMENTS MUST BE SATISFIED AND DIRECTION OF PAY MUST BE SIGNED BEFORE VEHICLE IS TO BE RELEASED

Vehicle Owner

Date

NOTES:

I CERTIFY THAT REPAIRS HAVE BEEN COMPLETED AS INDICATED ON FINAL ESTIMATE AND RE AUTHORIZE DIRECT PAYMENT OF SUPPLEMENT TO PERFORMANCE AUTO BODY LLC WITH THE UNDERSTANDING THAT I WILL BE OBLIGATED FOR PAYMENT IF IT EXCEEDS 30 DAYS FROM BEING SUBMITTED

Vehicle Owner

Date

