

Frank & Bill's Auto Collision Center

3306 Mountain Road, Pasadena, MD 21122

410-255-3368 – tel 410-439-3967 – fax

REPAIR AUTHORIZATION AND DIRECTION TO PAY

Vehicle owner's name: _____

Phone Number's: _____

Vehicle description: _____
YEAR MAKE MODEL

Insurance Company: _____

Claim Number: _____ Deductible: _____

Drop off date: _____ Date finished: _____ Pick up date _____

AUTHORIZATION

I _____ authorize Frank & Bill's Auto Collision Center to
Please Print
complete the necessary repairs on my vehicle.

Signature

Date

CHECK

Did you receive a check from the insurance company? ____ Yes ____ No If yes, amount _____

NO PERSONAL CHECKS OR CREDIT CARDS OVER THE AMOUNT OF \$500.00

Amount over \$500.00 - CASH OR INSURANCE CHECKS ONLY

The work that is being performed on your vehicle will be done according to the estimate that you presented to us. Due to many unforeseen circumstances in repairing vehicles, we regret that we can only estimate – **NOT PROMISE a completion time.**

I am authorizing _____ Insurance company to pay Frank and Bills Auto Collision directly
for the sum of \$ _____ : _____

Initial

I am picking up my vehicle from Frank and Bills Auto Collision Center: _____

Initial

Signature

Date