

## AUTHORIZATION AND DIRECTION TO PAY

(You have the right to select any repair facility to repair your vehicle)

Vehicle Owners Name: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_  
Year    Make    Model            VIN

Claim Number: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

I authorize(d) ADVANCED COLLISION to estimate and repair my vehicle, unless it is an economic total loss. I agree that this company is not responsible for loss or damage to this vehicle and/or loss of articles left in vehicle caused by fire, theft or any other cause beyond our control or for the delays caused by the unavailability of parts or shipping delays.

\_\_\_\_\_  
Vehicle Owners Signature

\_\_\_\_\_  
Date

Total or Deductible in the amount of \$ \_\_\_\_\_ due before delivery of vehicle. **WE DO NOT ACCEPT CHECKS.**

Daytime phone # \_\_\_\_\_ and \_\_\_\_\_