

Collision Arts Auto Body Center

PAYMENT AUTHORIZATION

Claim No. X _____

Date: _____

Vehicle Information

X _____ X _____ X _____ _____
Year Make Model V.I.N

I, X _____ hereby authorize _____
Insurance Company and/or its representatives to pay directly, for services performed on my vehicle,
to Collision Arts Auto Body Center and/or include the aforementioned Body Shop's name on the face
of the draft of payment.

X _____
Customer Signature

Witness