# Powell Paint & Body, Inc.

Office (214)321-5683 Fax (214)321-5790

## Address : 1518 Naylor Street Dallas , Tx 75218

Customer Information					
Name :	Cel Phone#				
Address :	Нс				
City :	State :	Work#			
Zip Code :	e-mail Address :				
How did You Hear about F Insurance Information	owell Paint & Body, Inc. :				
	Insurance Company : Date of Loss :				
Claim#	Claim# Policy#				
		Adjuster Phone#			
Vehicle Information					
Year :	Make :	Mode	el :		
Vin#					
License Plate :	State :	Pro	oduction Date : _		
Fuel Level : E_	1/4	1/2	3/4	F	

### **Authorization Form**

I authorize Powell Paint & Body, Inc. to make the final decisions regarding the repair process of my vehicle .( i.e. the right to choose between PDR , Replace , or Conventional repair of my vehicle.)

Furthermore, I understand that PDR may exceed the cost of replacing or conventional repair on all panels but regardless of the difference in cost Powell Paint & Body, Inc. will match the insurance estimate.

By signing this authorization I am in agreement with Powell Paint & Body, Inc.'s expertise and consent to repairs.

#### **Direction to Pay**

I authorize any and all payments to be made direct to Powell Paint & Body, Inc. on my behalf in regards to the insurance claim on my vehicle

### Limited Power of Attorney

KNOW ALL MEN BY THESE PRESENTS:

Elimited Fower of Attorney

That the undersigned does hereby Constitute and appoint Powell Paint & Body, Inc. my/our true and lawful attorney to sign name, place and stead of the undersigned on any insurance check or drafts issued by \_\_\_\_\_\_ (Insurance Company) covering any repairs to my/our automobile authorized by myself/ourselves in whatever manner is necessary to place check or draft in a cashable position.

I/We hereby ratify and confirm whatever action said attorney shall or may take by virtue hereof in the premises.

Driver's License #	 State :	Phone #	

Signature : \_\_\_\_\_

Date : \_\_\_\_\_