

STRAIGHTLINE COLLISION

2912 Arthur Kill Rd.
Staten Island, NY 10309
PHONE: (718) 966-8900 FAX: (718) 966-8399

TODAY'S DATE: _____ PHONE #: _____

INSURANCE CO: _____

CLAIM #: _____

YEAR/ MAKE/ MODEL: _____

VIN #: _____

"AUTHORIZATION TO REPAIR"

I, _____ **AUTHORIZE**
PRINT NAME

"STRAIGHTLINE COLLISION" "TO REPAIR" MY VEHICLE FOR THE AMOUNT AGREED UPON, UNLESS IT IS A CONSTRUCTIVE TOTAL LOSS.

X _____
SIGNATURE

"DIRECTION OF PAYMENT"

I, _____ **AUTHORIZE**
PRINT NAME

_____ TO **"PAY DIRECTLY"** TO
INSURANCE COMPANY

"STRAIGHTLINE COLLISION" THE AMOUNT AGREED UPON (LESS ANY DEDUCTIBLE) FOR THE REPAIRS TO MY VEHICLE.

X _____
SIGNATURE