



**AUTHORIZATION TO REPAIR
DIRECTION OF PAYMENT**

NAME CLAIM #

I hereby authorize ROBBIE'S COMPLETE AUTOMOTIVE SERVICE to do repairs on my vehicle, one _____
Year, make, model

Serial number _____

Related to the accident that occurred on or about _____
Date of accident

I authorize _____ Insurance Company to issue any and all payments for repairs to my vehicle Directly to ROBBIE'S COMPLETE AUTOMOTIVE SERVICE, TAX ID #: 22-2485086. Payments should be made payable to Robbie's Complete Automotive Service and mailed to:

ROBBIE'S COMPLETE AUTOMOTIVE SERVICE
238 ROUTE 46 EAST
DOVER, 07801
LIC #: 00472A

SIGNATURE

DATE

WITNESS