

**PALISADES SAFETY & INSURANCE**

**VEHICLE REPAIR PROGRAM  
AUTHORIZATION TO REPAIR  
DIRECTION TO PAY**

Claim Number: \_\_\_\_\_

Vehicle Owner: <sup>PRINT</sup> \_\_\_\_\_

Comp Shop: Robbie's Coll. Specialists

I, \_\_\_\_\_ authorize that repairs be completed to my vehicle by Robbie's Collision Specialists, and request that payment for all repair costs, minus applicable deductions, be made directly to the repair facility on my behalf by Palisades Safety & Insurance.

<sup>Sign</sup>  
X

\_\_\_\_\_  
Vehicle Owner and/or Policyholder

\_\_\_\_\_  
Date

Please send check Payable to Robbie's for the amount of \$ \_\_\_\_\_ Thank You!

