TARANTINO AUTOBODY
LICENSE # 02200A
AUTHORIZATION AND DIRECTION TO PAY

(You have the right to select any repair facility to repair your vehicle)

Vehicle Owner's Name: _____

Vehicle:_____

Year Make Model Vin #

I Authorize (d) Tarantino Auto Body to repair my vehicle unless it is an economic total loss.

X _____ _____

Vehicle Owner's Signature Date

CLAIM NUMBER: _____

DATE: _____

INSURED: _____

CLAIMANT:

_____

VEHICLE:

_____

X I_____ **hereby authorize Direction of**

(Please Print Name)

Payment for all additional labor and parts in the repairing of my vehicle to:

TARANTINO AUTO BODY
134 HELMETTA RD.
MONROE TWP. N.J. 08831

Tax Identification Number
222 415 942

X Owner's Signature: _____ **Date**_____

Repair Facility
Authorized Signature: _____ **Date**_____

REPLACED PARTS DISCLAIMER

I waive my right to receive my replaced damaged parts. _____.

(Vehicle owner's signature)

Be advised that this shop reserves the right to charge a storage fee of $15.00 per day if the requested parts are not picked up on the day your vehicle is picked up or the repairs are paid for, whichever comes first. Also be advised that there may be a disposal charge for any requested parts not picked up after a period of (3) days from when the vehicle is picked up or the repairs are paid for, whichever comes first.

INSPECTION DISCLAIMER

Be advised that the customer or his/her insurance company has the right to inspect the vehicle before paying for repairs.