

CAPITOL BODY SHOP, INC.

DIRECT PAY AUTHORIZATION

Customer Information

Name _____

Address _____

City _____ State _____ Zip _____

Vehicle Information

Year _____ Make _____ Model _____

Color _____ License _____ VIN _____

Insurance Information

Insurance Co. Responsible for Repairs _____

Claim Number _____ Amount Due _____

I hereby authorize the insurance company listed above to issue payment directly to Capitol Body Shop for the repairs made to my vehicle. I acknowledge that I am responsible for any deductible, co-insurance payment or other charges that are not paid by the insurance company. I also agree that those amounts are due and payable upon completion of repairs and delivery of the vehicle listed herein.

Customer Signature

Date