



**BRENDAN'S AUTO BODY • 85 S. SAW MILL RIVER ROAD
ELMSFORD • NY • 10523
914-592-6767 • FAX 914-592-6768
TAX ID 13-3871807**

REPAIR AUTHORIZATION & DIRECTION OF PAY

Claim Number: _____

Date of Loss: _____

Today's Date: _____

Vehicle Owner's Name: _____

Vehicle Description: _____
YEAR MAKE MODEL

Vehicle Identification Number (VIN) _____

I authorize Brendan's Auto Body to repair my vehicle, unless it is a constructive total loss.

Vehicle Owner's Signature

Date

I authorize payment(s) to be made directly to Brendan's Auto Body on my behalf.

Vehicle Owner's Signature

Date