



451 Lorimer Street
Brooklyn, NY 11206
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Registration #: 6240952 Tax id #: 82-3584027 DocuSign eversign ESIGN



APPROVED COLLISION CENTER

Date: _____ Claim #: _____

Name (Person in Charge): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt. Phone #: _____ Email: _____

Year: _____ Make: _____ Model: _____ Type: _____ Lic. Plate: _____

Vehicle Identification Number: _____ Color: _____

DESIGNATED REPRESENTATIVE AUTHORIZATION

I hereby authorize SALERNO AUTO SERVICE CORP. as my/our designated representative to reach and agreed price with the insurance company as to the reasonable cost to repair my/own vehicle. The designated authorization is in conformance with New York State Department Regulation No. 64

X _____

AUTHORIZATION FOR REPAIR

AS AGREED TO REPAIR FOR INSURANCE COMPANY PRICE ONLY AND PER SHOPS ESTIMATE TO OWNER OR PERSON IN CHARGE OF DAMAGED VEHICLE:

No Towing Company or Insurance Company may require that repairs be made to a motor vehicle in a particular place or repair shop. You have the right to have your motor vehicle repaired in the shop of your choice.

_____ X _____
Owner/person in charge (Print) Signature

AUTHORIZATION TO INSPECT

I hereby authorize **SALERNO AUTO SERVICE CORP.** to dismantle my vehicle before Insurance Co. Inspection to see any hidden and related damage. **SALERNO AUTO SERVICE CORP.** reserves the right to exercise this agreement at any time.

X _____

DIRECTION OF PAYMENT

I hereby authorize / grant **SALERNO AUTO SERVICE CORP.** the power of attorney to charge / receive / endorse / sign my name to any documents / checks related to my vehicle.

X _____

DEPARTMENT OF MOTOR VEHICLES NOTIFICATION

I hereby authorize SALERNO AUTO SERVICE CORP. to charge storage and labor for the above vehicle, if the car is deemed a total loss or the repairs are stopped or rejected

X _____