

REPAIR AUTHORIZATION AND DIRECTION TO PAY

Vehicle Owner's Name: _____

Vehicle Description: _____
Year Make Model Vin

State Farm Claim Number: _____ Date of Loss: _____

Deductible Amount: _____ Date Verified: _____ By: _____
(State Farm Representative)

Location: _____

Telephone: _____

Fax: _____

I authorize(d) **Martins Collision Repair INC.** to estimate and repair my vehicle, unless it is an economic total loss.
(Service First Repairer)

(Vehicle Owner's Signature)

(Date)

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm to pay **Martins Collision Repair INC.** \$ _____ on my behalf
(Service First Repairer)

(Vehicle Owners Signature)

(Date)

I certify that the vehicle has been repaired to its preloss condition relative to safety, function and appearance.

(Repairer's Signature)

(Date)

Form must be retained in repairer's records.