



CUSTOMER AUTHORIZATIONS

Claim Number: _____
Insurance Company: _____
Customer Name: _____
Vehicle: _____
RO#: _____
Amount: \$ _____
(if applicable)

REPAIR AUTHORIZATION

- I authorize Adams Collision Center Huntley to estimate and repair my vehicle, unless it is an economic total loss..... []

PAYMENT AUTHORIZATION

- I have received a copy of the initial and final automated repair estimate. I authorize _____ to pay Adams Collision Center Huntley the total amount of the final bill less my deductible amount of _____ on my behalf..... []

CHECK ENDORSEMENT AUTHORIZATION

- I understand that I am responsible for payment of the cost of said repairs and agree that in the event legal action is required I will also pay such additional amounts as the court may fix as attorney fees. If an insurance claim, the undersigned does hereby constitute and appoint Adams Collision Center Huntley my true and lawful attorney to sign my name on any insurance drafts covering any authorized repairs to my automobile and to take such action as may be necessary to negotiate said drafts..... []

By signing below and initialing the above, I have read and agree to the indicated authorizations.

Authorized By: _____