

*Wenzel's Auto Body & Glass*  
26 Commerce Park Road, PO Box 1012  
Pocasset, MA 02559  
508-563-6931, Fax 508-444-3303

### Repair Authorization

Customer Information	Vehicle Information	Insurance Information
Name: _____	Vehicle: _____	Ins. Co.: _____
Address: _____	Style: _____	Contact: _____
_____	Lic.#: _____	Phone: _____
Phone: _____	VIN#: _____	Claim #: _____

I hereby authorize the repair of the above vehicle. **Wenzel's Auto Body** is not responsible for the loss or damage to this vehicle due to causes beyond their control. Nor is the above repair company responsible for articles left in the vehicle that are lost or damaged due to causes beyond their control. I understand the above repair company cannot guarantee an exact target delivery date – these dates are estimates only and the above repair company is not responsible for delays caused by the unavailability of parts or delays due to hidden damage. I also hereby grant permission to the above repair company's employees to operate the above vehicle for the purpose of testing and/or inspecting.

The total amount of the original repair charges, plus any deductible must be paid before the above vehicle can be released.

**Vehicle Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Assignment & Direction to Pay

I hereby assign my policy benefits for collision/comprehensive repairs and authorize my insurance company to pay **Wenzel's Auto Body** directly for supplement damages arising out of the accident on \_\_\_\_\_.

**Vehicle Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Appraisers # 8051  
Tax ID# 04-2742775  
Shop Reg. # 905 ex 5/09  
Liab. # 680186Y1640