Repair Authorization/Direction of Payment:

I have chosen the above-mentioned certified Hail Response Team to repair my vehicle. We hereby authorize said facility to begin repairs on the vehicle listed below and to test drive as needed to perform the safe quality repair. We have received an estimate of the repairs and authorized payment/supplemental pay to be made to the repair facility by the insurance company listed below.

REMIT PAYMENT TO:

Platinum PDR + Paint

225 S. Meridian Rd.

Newton, KS 67114

INSURANCE COMPANY:

CLAIM NUMBER:

NAME:

VEHICLE YEAR: **MAKE:**

VEHICLE OWNER SIGNATURE: _____

DATE: