

Express Color LLC.

AUTHORIZATION / POWER OF ATTORNEY / DIRECTION TO PAY

Owner's Name: _____

Telephone Number (____) _____

The number where you wish to be contacted when your vehicle is complete

Owner's Address _____

Vehicle: _____

I authorize repairs on my vehicle to be completed by Express Color LLC. I request that payment for all insurance authorized repair costs, minus any applicable deductibles and/or betterments be made directly to Express Color LLC.

SIGNATURE _____

DATE _____