

# 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 \_\_\_\_\_