

DIRECTION OF PAY

VEHICLE OWNERS NAME: _____

VEHICLE DESCRIPTION: _____

YEAR	MAKE	MODEL
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VIN #: _____

CLAIM #: _____

DEDUCTIBLE AMOUNTS: \$ _____

TOTAL REPAIR AMOUNT: \$ _____

INSURANCE PAY: \$ _____

REPAIR AUTHORIZATION

_____, authorizes JZS Auto Body & Service to do all the
First Name _____ Last Name _____
repair to the vehicle that was discussed, and written on estimate.

VEHICLE OWNERS SIGITURE _____ DATE _____

JZS AUTO BODY& SERVICE
815 N MAIN ST
MOUNT CRAWFORD, VA 22841
(540)-810-1946

THANK YOU FOR YOUR BUSINESS

JZS AUTO BODY& SERVICE
815 N MAIN ST
MOUNT CRAWFORD, VA 22841
(540)-810-1946

Date: _____ RO# _____

Customer Name: _____

Phone Number: _____

Email Address: _____

Vehicle (Year/Make/Model): _____

VIN# _____

Insurance Company: _____

Claim # _____

AUTHORIZATION TO REPAIR: I hereby authorize repair work to be done with the necessary material and agree: that you are not responsible for any delays caused by unavailability or delayed availability of parts or materials for any reason. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs. I grant permission to operate my vehicle for the purpose of testing and inspection. JZS Auto Body & Service is NOT responsible for any personal items left in the vehicle during the time of repair.

OWNER'S SIGNATURE: _____ **DATE:** _____

You have the right to retain your damaged parts. I waive my right to retain my damaged parts.
(Initial here please) _____

Direction of Pay: I hereby authorize payment to be made directly to JZS Auto Body & Service regarding repairs to the above vehicle and claim.

OWNER'S SIGNATURE: _____ **DATE:** _____