

# MURRAYS BODY SHOP

LICENSE # F160240

## AUTHERIZATION AND DIRECTION TO PAY

Vehicle Owner's Name: \_\_\_\_\_

Vehicle: \_\_\_\_\_

Year	Make	Model	VIN#
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I Authorize **MURRAYS BODY SHOP** to repair my vehicle unless it is an economic total loss.

I also authorize **MURRAYS BODY SHOP** to sign as a Proxy on any and all insurance checks

Pertaining to my claim.

X \_\_\_\_\_

Vehicle Owners Signature

Date

Claim Number: \_\_\_\_\_

Date: \_\_\_\_\_

Insured: \_\_\_\_\_

X I \_\_\_\_\_ hereby authorize direction of payment for all

(please print name)

Additional labor and parts in repairing of my vehicle to:

Murrays Body Shop

Tax identification number

938 South Lake Street

20-886-2561

East Jordan, Michigan 49727

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Repair Facility

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_