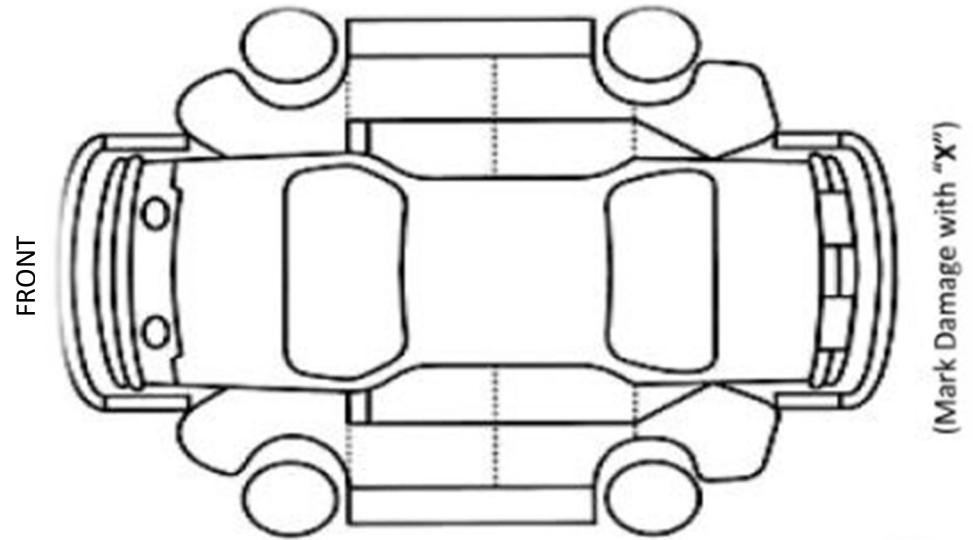


**TEAR DOWN FOR INSPECTION  
AND/OR REPAIRS & DIRECTION  
TO PAY**

Neil Tapp's Automotive Collision Center  
17301 HWY 53 Gulfport, MS 39503  
Federal Tax ID: 71-0931375

- Customer Name \_\_\_\_\_
- Insurance Company or Self pay \_\_\_\_\_
- Claim number if known \_\_\_\_\_
- Customer phone number \_\_\_\_\_
- Alternate phone number \_\_\_\_\_



**Damage on vehicle claim:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby Authorize Neil Tapp's Automotive Collision Center to do the needed repairs to my vehicle. I understand and acknowledge that I have a choice of body shops I could use, and I affirm that I voluntarily selected Neil Tapp's Automotive Collision Center to make the needed repairs on my vehicle. Furthermore, I authorize any payment to be issued directly to Neil Tapp's Automotive Collision Center at 17301 HWY 53, Gulfport, MS 39503 on behalf of me, the vehicle owner. I understand that times may occur when Neil Tapp's Automotive Collision Center will need to send my vehicle to another dealer or mechanic shop in order for repairs to be completed. I give the authorization to complete these repairs as they or my insurance companies declare necessary. I understand that Neil Tapp's Automotive Collision Center does not give out any of my personal information to these shops while doing the needed repairs to my vehicle.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_