Wallis Collision Center
106 Patriot Dr
Middletown, DE 19709
Phone#302-378-4301
Fax#302-378-7323

REPAIR AUTHORIZATION AND DIRECTION TO PAY

Vehicle Owner Name:_____

Vehicle Type:____
YR MAKE MODLE
Vin#_____ _____

Insurance Co_____

Claim#_____ Date Of Loss_____

Deductible Amount $_____

I authorize (d) Wallis Collision to estimate and repair my vehicle, and I authorize the insurance company name above to pay Wallis Collision on my behalf for the cost of repair exceeding my deductible.

_____
Vehicle owner signature Date

I certify the repairs to the above mentioned vehicle has been completed.

Nick Smith_____
Shop Manager signature Date