

**ROUTE 303 AUTO BODY INC.**

**197 Route 303, Valley Cottage, N.Y. 10989 (845) 268-3333**

**Tax ID # 13-3894997**



**AUTHORIZATION TO REPAIR / DIRECTION TO PAY**

I, \_\_\_\_\_, hereby authorize  
(Print name)

**Route 303 Auto Body Inc. to repair my vehicle listed below. I also authorize Liberty Mutual Insurance Co. to pay Route 303 Auto Body Inc directly for the repairs made to my vehicle.**

**The claim/vehicle information is as follows:**

**CLAIM #:** \_\_\_\_\_

**VIN #:** \_\_\_\_\_

**YEAR, MAKE, MODEL:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_