

American Commerce | MAPFRE CARES Program

Claim #	
Date of Loss	
Name	

Release Authorization and Shop Repair Authorization

I hereby agree to utilize the American Commerce C.A.R.E.S. Program for the repair of my

_____ at _____
(Vehicle Information) (Shop Name)

I further agree to allow the C.A.R.E.S. Shop and American Commerce Insurance to electronically expedite the repair process of my vehicle.

I hereby authorize _____ to repair the above
(Shop Name)
 mentioned vehicle. I agree that I will be responsible to pay the above shop my deductible and any betterment assessed to me for the repair of my vehicle.

Direction To Pay

I hereby assign my policy benefits for collision/comprehensive repairs and authorize American Commerce Insurance to pay _____ directly for the
(Shop Name)
 damages in the amount of \$ _____ arising out of the accident on

(Date)

(Print Name)

(Signature)

(Date)

Shop Reg #	
Expiration Date	
Tax ID #	