

DELTA COLLISION, Inc.

188 Route 34 N

Matawan, NJ 07747

Tel # (732) 765-9070 Fax # (732) 765- 9081

deltacollision@verizon.net

License: 00876A Tax ID: 043760570

Drop off Date _____

Insurance Co. _____

Claim # _____

Direction of Payment

I, vehicle owner, _____, authorize _____ to pay Delta Collision, Inc. the amount agreed upon for repairs to my vehicle.

YEAR	MAKE	MODEL	COLOR
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X _____
By my signature, Authorize

Repair Authorization

I acknowledge and accept that additional damage may be discovered and that the final cost of repairs may be greater than the original estimate. I authorize all payments be made directly to Delta Collision, Inc. I further authorize Delta Collision, Inc. to act as power of attorney to endorse all checks to satisfy the cost of repairs. I understand, all damaged parts will be discarded accordingly, unless Delta Collision, Inc. is otherwise notified prior to disposal.

X _____ Date _____
By my signature, Authorize

In effort to better serve our customers, please indicate your most reliable contact information.

Phone
(H) _____
(W) _____
(C) _____

Email _____