



CLARKSTOWN INTERNATIONAL COLLISION INC.

"CONFIDENCE
IN
COLLISION"

COMPLETE BODY & FENDER SERVICE • EXPERT COLOR MATCHING • OVEN BAKE PAINTING
95 Route 304 Nanuet, NY 10954

(845) 627-3100
Fax: (845) 627-3130

DESIGNATED REPRESENTATIVE AUTHORIZATION FORM

I _____, OWNER OF A _____
(YEAR AND MAKE)

APPOINT _____, LICENSE PLATE NUMBER _____

AS MY DESIGNATED REPRESENTATIVE. I AUTHORIZE THEM TO ACT ON MY
BEHALF IN THE NEGOTIATION AND SETTLEMENT OF MY COLLISION CLAIM
OF _____

Signature / Date

DIRECTION TO PAY

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT I _____

AUTHORIZE _____

TO PAY DIRECTLY TO _____ THE TOTAL CHARGES FOR

THE REPAIR OF MY _____

VIN # _____ ARISING FOR THE DATE

OF LOSS _____

DATED: _____ SIGNED _____