



52 Hampton House Rd. / Route 206
Newton, NJ 07860
Phone: 973-383-1384
Fax: 973-579-1344

AUTHORIZATION TO PAY / DIRECTION OF PAYMENT:

I authorize Hampton Body Works to write an estimate and tear down the below-mentioned vehicle. I am aware that charges may apply for storage, time and materials. Storage charges may apply per notice posted in office.

Vehicle: _____

Signature: _____ Date: _____

I authorize Hampton Body Works to make the necessary repairs on my vehicle as per:

Claim #: _____

Signature: _____ Date: _____

I also authorize Hampton Body Works to repair any supplemental (additional) damages uncovered during repairs related to the above Claim.

Signature: _____ Date: _____

I authorize _____ Insurance Company to pay Hampton Body Works directly for the original expected costs and also for any supplemental damage that is discovered during repairs.

Signature: _____ Date: _____

The undersigned grants permission to a representative of Hampton Body Works, to endorse my name to any check made payable to me for payment of repairs made on repair order number _____.

Signature: _____ Date: _____