

# Stagers Auto Body

107 Park Ave.  
Lincoln Park NJ 07035

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Phone (973) 694-1983

Fax (973) 694-7322

## **Repair Authorization and direction to pay**

Vehicle Owner's Name: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Date of Loss: \_\_\_\_\_ Deductible Amount: \$ \_\_\_\_\_

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I authorize **Stager's Auto Body** to estimate and repair my vehicle, unless it is an economic total loss.

Vehicle Owners Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

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I have received a copy of the initial and final automated repair estimate.

I authorize the aforementioned Company to pay **Stager's Auto Body** \$ \_\_\_\_\_ on my behalf.

Vehicle owner's signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**Tax ID # 030535761**

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I certify that repairs have been completed as indicated on the final automated repair Estimate.

Repairer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**Form must be retained in repairer's records**