Buckhead Collision 1900 Piedmont Circle Atlanta, Ga 30324

AUTHORIZATION AND DIRECTION TO PAY

Vehicle owner's name	e:				
Vehicle description: _	Year	Make	Model	VIN	
CLAIM number:	Date of Loss:				
I authorize (d) Buckho economic total loss.	ead Collisic	on to estimate	and repair m	y vehicle, unless it is an	
x Vehicle Owner's Signature			Date		
I have received a copy	y of the init	al and final a	utomated rep	pair estimate.	
I authorize Buckhead	Collision to	be paid on n	ny behalf \$_		
x					
Vehicle Owner's Sign	nature			Date	
I certify that repairs h	ave been co	mpleted as in	dicated on th	ne final automated repair	

estimate.

Buckhead Collision

Date