

***Buckhead Collision
1900 Piedmont Circle
Atlanta, Ga 30324***

AUTHORIZATION AND DIRECTION TO PAY

Vehicle owner's name: _____

Vehicle description: _____
Year Make Model VIN

CLAIM number: _____ Date of Loss: _____

I authorize(d) Buckhead Collision to estimate and repair my vehicle, unless it is an economic total loss.

Vehicle Owner's Signature

Date

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

I authorize Buckhead Collision to be paid on my behalf \$ _____

Vehicle Owner's Signature

Date

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

Buckhead Collision

Date