



MAPFRE Insurance CAR/EZ

Claim #	
Date of Loss	
Name	

Release Authorization and Shop Repair Authorization

I hereby agree to utilize the **MAPFRE Insurance CAR/EZ** Program for the repair of my

_____ Auto Body Clinic _____
 (Vehicle Information) (Shop Name)

I further agree to allow the CAR/EZ Shop and Commerce Insurance to electronically expedite the repair process of my vehicle in accordance with Massachusetts Regulation 212 CMR.

I hereby authorize AUTO BODY CLINIC
 (Shop Name)

to repair the above mentioned vehicle. I agree that I will be responsible to pay the above shop my deductible and any betterment assessed for the repair of my vehicle.

Direction To Pay

I hereby assign my policy benefits for collision/comprehensive repairs and authorize Commerce

Insurance to pay AUTO BODY CLINIC directly for the
 (Shop Name)

damages in the amount of \$ _____ arising out of the accident on

 (Date)

 (Print Name)

 (Signature)

 (Date)

Shop RS #	162	SHOP ADDRESS	17-19 High Street Reading MA 01867-3117
Expiration Date	05-31-2017	Shop Phone#	781-944-0033
Tax ID #	042-694-666	Shop Fax#	781-944-8435