



AUTHORIZATION TO REPAIR – DIRECTION TO PAY

Submit signed & completed form to MetLife Auto & Home as an attachment or as a digital photograph.

Original to be retained at shop and produced upon request.

Shop Name: Auto Body Clinic Inc. (781-944-0033)

Address: 17-19 High Street

City: Reading

State: MA

Zip code: 01867-3117

Federal Tax Identification Number (TIN): 042-694-666

Claim Number:

Vehicle Owner:

Vehicle Year, Make, & Model:

Vehicle Identification Number (VIN):

I hereby authorize said facility to commence repairs upon my vehicle.

Furthermore, I authorize MetLife Auto & Home to issue any payment to the aforementioned facility and, mail said payment directly to this repair facility.

Signature of Vehicle Owner: _____ Date: ____/____/____