



www.harleysvillegroup.com

Thursday, September 18, 2008

INSURED: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

DATE OF LOSS: \_\_\_\_\_

VEHICLE OWNER: \_\_\_\_\_

VEHICLE: \_\_\_\_\_  
 Year                      Make                      Model                      VIN

<b>VEHICLE OWNER'S AUTHORIZATION TO REPAIR</b>	
I hereby authorize <u>Bill Denny's Body Repair, Inc.</u> to make the necessary repairs arising from this accident of loss in accordance with their written estimate or an appraisal written by or for Harleysville Insurance.	
Signature of Vehicle Owner	Date

<b>DIRECTION TO PAY</b>	
I hereby authorize Harleysville Insurance Companies to make payment, on my behalf to:	
Bill Denny's Body Repair, Inc.	
(Auto Repair Facility)	
for any authorized repairs and for which I am entitled to be compensated, resulting from the above captioned claim	
<input checked="" type="checkbox"/> I understand that I am responsible for any applicable deductible, depreciation, and/or betterment.	
<input checked="" type="checkbox"/> I did receive a copy of the Estimate of Damages.	
Net Payment to Repair Facility:	Tax Identification Number: <u>52-1550965</u>
Signature of Vehicle Owner	Date

Print Form