

[] []

UAB,Inc.
DBA: *Ultimate AutoBody*
341 ADAMS STREET
BEDFORD HILLS, N.Y. 10507
914.242.4600

Registration # R 7085626

Repair Authorization

NAME: _____
YEAR: _____ **MAKE:** _____ **MODEL:** _____
LICENSE PLATE #: _____

CLAIM #: _____

I hereby hire and authorize UAB, Inc. (Ultimate AutoBody), to repair this collision or comprehensive loss to my vehicle. UAB, Inc guarantees me that they will restore my vehicle to its pre-loss condition (or as near possible) for the total claim dollars calculated by the liable insurance company. I understand that the actual repair and replacement choices made to my vehicle by UAB, Inc and reflected on their final bill will deviate significantly from those prescribed on the insurance company's estimate/s. I understand that UAB, Inc is working directly and particularly for me and not the liable insurance company.

I further understand that I will be expected to pay in full for the completed repairs and pick up my vehicle within 7 days of notification of completion of those repairs in order to avoid additional charges related to handling and storage. Payment by certified check, bank check, insurance check (endorsed by lien holder, if applicable), personal check, money order, Master/Visa charge cards or any combination thereof is acceptable.

Owner: _____ **Date:** _____

[] []

UAB, Inc.
DBA: *Ultimate AutoBody*
341 ADAMS STREET
BEDFORD HILLS, N.Y. 10507
914.242.4600

Date: _____

To Whom It May Concern:

Please be advised that I, _____ do hereby authorize
_____ to pay directly to UAB, Inc (dba: Ultimate
AutoBody) any invoice and/or supplement charges for repairs to my

Yr/Make/Model: _____

Claim # _____

Ultimate Autobody Tax I.D.# 13-3969990

Power of Attorney -

I do hereby appoint the aforementioned business as my attorney in fact to accept and endorse on my behalf any and all checks, drafts, or bills of exchange for deposit to the aforementioned business' account for credit on my account for repairs on my vehicle which has been released and accepted.

Accepted By: _____ Date: _____

Important Notice:

Any checks received by a claimant for repairs completed must be turned over to the auto body shop named herein immediately. Any attempt to withhold payment after signing this document will result in legal liability.