

You authorize Wallkill Body Shop & Glass Inc. to commence repairs on your :

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_  
**Insurance Company** \_\_\_\_\_  
**Claim #** \_\_\_\_\_.

You authorize Wallkill Body Shop and Glass Inc. test drive as needed, to perform a safe and quality repair. You have an estimate of repairs and authorize payment and supplement payment to be made to Wallkill Body Shop and Glass Inc. Old parts will be removed from vehicle and will be scraped unless otherwise instructed.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature / Date