

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: Ultra Shine Collision, Inc

Address: 62 Lacombe Street

City: Marlborough

State: MA

Zip code: 01752

Federal Tax Identification Number (TIN): 20-3946944

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