

## **Authorization to Repair – Direction to Pay**

<u>Submit signed & completed form to MetLife Auto & Home ® as an attachment or a digital photograph.</u>

Original to be retained at shop and submitted upon request.

Shop Name: Ultra Shine Collision			
Address: 62 Lacombe St			
City: Marlborough			
State: MA	<b>Zip Code</b> : 01752		
Federal Tax Identification Number (TIN): 20394694	<u>-</u>		
Claim Number:			
Vehicle Owner:			
		I hereby authorize said facility to commence repairs upo	on my vehicle.
		Furthermore, I authorize MetLife Auto & Home ® to issusaid payment directly to this repair facility.	e any payment to the aforementioned facility and, ma
Signature of Vehicle Owner			

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