

B&R

Collision Center
& AUTO REPAIR
1612 L&A Road
Metairie, LA 70001
(504) 833-3061 • (504) 833-8249

DIRECTION TO PAY AUTHORIZATION

Vehicle Owner's Name : _____

Vehicle Description : _____

Year	Make	Model	VIN
------	------	-------	-----

Claim Number : _____

Location : _____

Email : _____

Telephone : _____

Fax : _____

I have received a copy of the initial and final automated repair estimate.

I authorize _____ to pay **B&R COLLISION,LLC** the cost of my repairs
(insurance company)
excluding my deductible in which I am responsible for.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Vehicle Owner's Signature

Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

Repairer's Signature

Date

Form must be retained in repairer's records as required by insurance regulations.