

**AUTHORIZATION TO PAY DIRECT &
POWER OF ATTORNEY**

**REPAIR SHOP: Sports & Imports Collision
3371 West Hospital Ave.
Chamblee, Ga. 30341**

Insurance Company: _____

Claim Number: _____

The above shop is repairing my _____ bearing the serial number _____. Any additional monies for additional repairs incurred should be sent directly to the shop. The shop has agreed to provide you with any and all documentation required on the additional damage.

Please pay Sports & Imports Collision directly for any additional expenses.

X _____

Insured/Claimant/Owner

Power Of Attorney

I do hereby appoint the aforementioned business as my attorney in fact to accept on my behalf any and all checks, drafts, or bills of exchange, and to endorse all such 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: X _____ Date: _____