

P B C C
PACK BROTHERS COLLISION CENTER, INC

Re: Repair to VIN # _____

Insurance Company: _____ Claim # _____

To Whom It May Concern:

I am authorizing any and all property damage checks to be paid directly to Pack Brothers Collision Center in regards to repairs to the above mentioned vehicle.

In the event, said payment (s) have already been processed, my signature below authorizes Pack Brothers to sign any check (s) for property damage on my behalf, along with any other documents that will expedite the claim process.

Owner: _____ Date: _____

" Keeping Families Safe for Over 40 years "

6116 Wilkinson Blvd. Belmont, NC 28012 Phone: 704-825-9271 Fax: 704-825-0045



www.PackBrothersCollisionCenter.com

