

GREATER PITTSBURGH COLLISION WORKS

124 FLAUGHERTY RUN ROAD
CORAOPOLIS PA 15108
412-264-3300 724-457-2129 FAX

TAX ID # 25-1628287

REPAIR AUTHORIZATION/DIRECTION OF PAYMENT FORM

Vehicle Owners Name _____

Vehicle Description Year: _____ Make: _____ Model: _____

VIN# _____

Insurance Company Name: _____

Insurance Claim Number: _____

*I authorize (d) **Greater Pittsburgh Collision Works** to repair my vehicle as per estimate and order all necessary parts to complete repairs. I also authorize all insurance payments to be made directly to **Greater Pittsburgh Collision Works***

Vehicle Owners Signature: _____

Parts Deposit \$ _____ Date Received _____ By _____

PAYMENT METHODS:

- ❖ Insurance check
- ❖ Personal check
- ❖ Credit card payments are accepted up to **\$1,000** for insurance deductibles
- ❖ Credit cards accepted: Master Card, Visa, and Discover