STATE FARM REPAIR AUTHORIZATION DIRECTION OF PAY

Vehicle Owner's Name	
Vehicle Description	
Year Make	· Model
State Farm Claim #	Date of Loss
Deductible Amount \$ Date Ve	rifiedBy
	State Farm Rep.
I Authorize C & F Auto Body Inc. to estimate loss.	and repair my vehicle, unless it is a total
Vehicle Owner Signature	Date
I have received a copy of the initial and final a I authorize State Farm to pay C & F Auto Bod	
Vehicle Owners Signature	Date
I certify that the vehicle has been repaired to it function, and appearance.	s pre loss condition relative to safety,
Repairer Signature	Date
E-Mail	Phone
Form must be retained in renairer records	

C & F AUTO BODY REPAIR AUTHORIZATION AND DIRECTION OF PAY Phone 410-969-4950 Fax 410-969-3631

Vehicle Owner's Name		
Vehicle		
Vehicle Year 1	Make Model	
Vin	and the	
Insurance Co.	Deductible	\$.
Claim #		
-		
PAYMENT MUST BE RECEIVED BEFORE VEHICLE IS RELEASED!!!		
begun on your vehicle. These customers will be notified of	y to repair my vehicle, unless a worn or damaged parts that are e parts may not have been evid any changes to the estimate pro cance Company to pay C & F A	e discovered once work has lent on the first estimate. All
Vehicle Owners Signature	Constitution of the control of the c	Date
Daytime Phone		
E-Mail		
repair estimate. C&F Auto Bo 1 year to today's date.		d as indicated on the final ave done to your vehicle for
Date	Initials	*

Method of payment, personal check and insurance check. We also except Visa and Master Card. Please be advised of our Posted Labor Rates. If your insurance company will not pay the posted rates C&F charges, the customer must make up the difference.