



10437 Lewistown Rd. Ph: (804)798-3411  
Ashland, VA 23005 Fx: (804)752-7041  
FID: 54-1639674

# AUTHORIZATION FOR PAYMENT

**Vehicle owner(s) name:**

.....  
(Type or Print Name[s])

.....  
(Address[es])

The **vehicle** which is **involved** in the loss/accident is:

.....  
(Year) (Make) (Model) (Vehicle Identification Number / V.I.N.)

The vehicle owner(s)/lessee(s), identified above, has/have authorized payment, in the amount of:

**Total repair amount:** \$..... **Supplement amount:** \$..... Amount

**Due to shop** \$.....; to be made directly to **BEAUTIFUL BODIES, INC.**

.....  
(Signature of Owner/Lessee) (Date)

.....  
(Type or Print Name)