



# CAPITAL

Leading Atlanta Since 1931

Capital Cadillac 2210 Cobb Parkway SE, Smyrna Ga. 30080-7631  
Main (770) 952-2277 Collision (770) 989-8380 Fax (770) 989-8437 Toll Free (800) 367-0326

## Repair Authorization and Direction to Pay

Customer Name: \_\_\_\_\_ Claim# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ / Other Phone: Work / Home \_\_\_\_\_

Email: \_\_\_\_\_ Vehicle: \_\_\_\_\_

VIN# \_\_\_\_\_ Mileage: \_\_\_\_\_ License Plate: \_\_\_\_\_

### Authorization to Repair

I am the owner of this vehicle and hereby authorize Capital Cadillac Collision Center to make necessary repairs in accordance with the written appraisal that was provided by me or the responsible insurance company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Authorization for Direct Payment

I am the owner of this vehicle and hereby authorize \_\_\_\_\_ Insurance Company to pay Capital Cadillac Collision Center for any payments or supplements payments due to me for the repairs made to my vehicle.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Power of Attorney

I hereby appoint Capital Automobile Company / Capital Cadillac of 2210 Cobb Pkwy SE, Smyrna Ga. 30080, as my attorney in fact to endorse insurance check(s) on my vehicle described above and for said purpose(s) to sign my name and do all things necessary to this appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_