

6201 Oaklandon Rd Indianapolis IN 46235 317-823-6200 Fax: 317-823-0515 info@voelkelscollision.com

Authorization for Repair & Direction to Pay

Vehicle Owner's Name:		
Vehicle Information:		
Year	Make	Model
VIN #:		
Insurance Company:	Claim #:	
Voelkel's Collision Repair is hereby auth	·	·
I authorize any and all supplements payal		
Collision Repair to act as power of attor	rney to sign insurance c	hecks (with my name) to pay for
damages to above vehicle. An express	mechanic's lien is hereb	y acknowledge, on above vehicle to
secure the amount of repairs. I also her	eby grant Voelkel's Colli	sion Repair employees, permission to
operate the vehicle herein described on st	treets, highways or elsew	here for the purpose of testing and/or
inspection. Voelkel's Collision Repair will	not be held responsible to	for loss or damage to vehicles or
articles left in vehicle in case of fire, theft,	accident or any other car	use beyond your control. Part prices
are subject to invoices. Old parts removed from vehicle will be discarded appropriately unless		
otherwise instructed.		
Please Print Name		Date

Authorized Signature