

In accordance with the laws of New York State

NYCARS Form # PA-01BSBP

PAYMENT AUTHORIZATION FORM

Tedesco Auto Body, Inc.
320 Main Street
New Rochelle, NY 10801
Office: (914) 636-3000
Fax: (914) 636-3075
Email: service@tedescoautobody.com

Tax ID# 133831242
Shop Registration# 7098507

Insurance Company:			
Claim#			
Customer Name			
Address:	City:	State:	Zip:
Vin#			

I authorize payment for repairs to above vehicle to be sent directly to **TEDESCO AUTO BODY, INC.** I authorize **TEDESCO AUTO BODY, INC.** to act as power of attorney to sign insurance checks to pay for damages to above vehicle. Please mail payment for damages directly to 320 Main Street, New Rochelle, NY 10801. Signature does not warrant **TEDESCO AUTO BODY, INC.** to release vehicle until payment is physically received at 320 Main Street, New Rochelle, NY10801.

Customer Print Name:

Customer Sign Name:
