

DIRECTION TO PAY

Oscar & Sons' Bodyshop

979-778-6736

1646 North Earl Rudder Freeway

Bryan, Texas 77808

Claim Information

Insurance Company: _____ Claim Number: _____

Vehicle Information

Owner/Authorized Agent: _____

V.I.N.: _____

Year: _____ Make/Model: _____

License Plate: _____

Repair Funds Direction

I, _____, owner or authorized agent of the above described vehicle, authorize any and all funds, related to the above described claim, to be directed to Oscar & Sons' Bodyshop directly, and agree to give up rights to said funds. I furthermore guarantee to provide any funds that were provided by the insurance company prior to repairs, related to the above described claim, to Oscar & Sons' Bodyshop prior to taking delivery of said vehicle. I also understand that I may be responsible to pay a deductible prior to taking delivery of said vehicle, and further more agree that Oscar & Sons' Bodyshop may repossess said vehicle if any checks, or electronic payments are returned by the bank or canceled.

I hereby give Oscar & Sons' Bodyshop and its employees authorization to operate my vehicle on streets, highways, and elsewhere as deemed necessary for testing, inspection, and sublet repairs.

Owner/Authorized Agent: _____ Date: _____

POWER OF ATTORNEY

I do hereby appoint Oscar & Sons' Bodyshop as my attorney-in-fact to accept on my behalf, any and all checks, drafts, or electronic funds transfers, related to the above described claim, for deposit to Oscar & Sons' Bodyshop Business account, and furthermore authorize Oscar & Sons' Bodyshop to sign and endorse said related transfers or drafts.

Owner/Authorized Agent: _____ **Date:** _____

Print: _____

Witness: _____ **Date:** _____

Print: _____