

**REPAIR AUTHORIZATION AND DIRECTION TO PAY**  
(You have the right to select any repair facility to repair your vehicle)

Vehicle owner's name: Scott Autobody-Lake Norman

Vehicle description: Paint Materials  
Year Make Model Vin

Claim Number: Paint Materials Jan 09 Date of loss: \_\_\_\_\_

I authorize(d) Scott Cars Autobody - Lake Norman to estimate and repair my vehicle, unless it is an economic total loss.  
(Repairer)

\_\_\_\_\_  
Vehicle Owner's Signature Date

I have received a copy of the initial and final automated repair estimate.

I authorize State Farm Insurance Companies to pay Scott Cars Autobody - Lake Norman \$ 0.00 on my behalf.  
(Repairer)

\_\_\_\_\_  
Vehicle Owner's Signature Date

I certify that repairs have been completed as indicated on the final automated repair estimate.

\_\_\_\_\_  
Repairer's Signature Date

**Form must be retained in repairer's records for at least 6 months, or longer if required by state law.**

**This state does not require a fraud statement.**