



BLUE STAR BROTHERS

Auto Repair Center

7959 Cooper Ave Glendale NY 11385 - Tel: 718-712-0015 - Fax: 718-414-2268

E-Mail: contact@bluestarautorepair.com

INSURANCE AUTHORIZATION FORM

INSURED NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ EMAIL: _____

VEHICLE: YEAR: _____ MAKE: _____ MODEL: _____

INSURANCE COMPANY: _____

CLAIM#: | | | | | | | | | | | | | | | | | | | | | |

I hereby authorize **BLUE STAR COLLISION CENTER LLC., DBA BLUE STAR BROTHERS AUTO REPAIR**, and its employees to perform the needed repairs to my vehicle as well as permission to operate the vehicle here in described on streets, highways, or elsewhere for the purpose of testing/inspecting. Repairs include parts, labor, materials, and diagnostics. If on further inspections, additional parts or repairs are needed, you will be contacted for authorization. **BLUES STAR BROTHERS AUTO REPAIR**. is not responsible for the availability or delay on parts beyond our control, or for the loss, or damage to the vehicle, or articles left in the vehicle in the case of a fire, theft, or any cause beyond our control.

AUTHORIZED SIGNATURE: _____ DATE: _____

DIRECTION OF PAYMENT - BLUE STAR BROTHERS AUTO REPAIR

I do hereby appoint the aforementioned business to accept on my behalf any and all checks, drafts, bills of exchange, and to endorse all such checks, drafts, and bills of exchange for the deposit to the aforementioned business account for credit on my account for repairs on my vehicle which has been released and accepted.

ACCEPTED BY: _____ DATE: _____