

## Text Image For Estimate (929) 317-4706

206-12 Jamaica Ave Queens, NY 11428 Phone: (929) 405-1111

Registration #: 7128234 Tax id #: 86-2112483

		APPROVED CO	LLISION CENTER	
Date:		Cl	aim #:	
Name (Perso	on in Charge):			
Address:				
City:		State:	Zi	p Code:
Phone #:		Alt. Phone #:	Email:	
Year:	Make:	Model:	Type:	Lic. Plate:
Vehicle Ident	tification Number: _			Color:
company as State Depart AS AGREED IN CHARGE No Towing C	to the reasonable of ment Regulation No TO REPAIR FOR OF DAMAGED VE	ost to repair my/own vehicle. To. 64  *AUTHORIZATI  NSURANCE COMPANY PRICI HICLE:	he designated authorizat  X  ON FOR REPAIR*  E ONLY AND PER SHOF  repairs be made to a mo	n and agreed price with the insurance cion is in conformance with New York  PS ESTIMATE TO OWNER OR PERSON of the vehicle in a particular place or repair
I (above own		* <u>AUTHORIZATI</u>		ore Insurance Co. Inspection to see any agreement at any time.
			X OF PAYMENT*	
(above owne understand th	er) hereby authoriz at by signing this a			_ to directly pay Top Level Collision Inc. ck
		*DEPARTMENT OF MOTOR	R VEHICLES NOTIFICA	TION*
I authorize To	pp Level Collision Ir	c. to charge \$75.00 per day sto	orage for the above vehic	le.
			Y	