

REPAIR AUTHORIZATION AND DIRECTION TO PAY

VEHICLE OWNER/LEASOR'S NAME: _____

VEHICLE DESCRIPTION: (YR/Make/Model) _____

VIN# _____

NATIONWIDE CLAIM NUMBER: _____ DATE OF LOSS: _____

Blue Ribbon Repair Facility: _____

I authorize the above captioned Blue Ribbon Repair Facility to estimate and repair my vehicle, unless it is deemed to be a total loss. I also understand that I will be responsible to pay my deductible of \$ _____

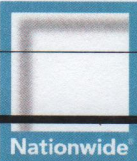
(Vehicle Owner/Leasor's Signature)

(Date)

I certify that this customer was not present upon the arrival of the vehicle and I have received verbal authorization to repair the vehicle. I have also explained the customers responsibility to pay their \$ _____ deductible upon completion of the repairs. Permission to repair the vehicle was received by

_____ on (date) _____.

(Repairer's signature)



ATTENTION CUSTOMER: This section is to be completed only upon inspection of your completed repairs

I hereby certify that:

- I have received a copy of the initial and final automated repair estimate which has been explained to me by the repair facility.
- I have received a copy of the Blue Ribbon Repair Guarantee.
- I have inspected the vehicle and I am satisfied with the initial repair quality

I authorize Nationwide to pay the above captioned Blue Ribbon Repair Facility on my behalf.

Gross Estimate Amount \$ _____

Customer Responsibility (Deductible, etc.) \$ _____

Net Amount Due \$ _____

(Vehicle Owner/Leasor's Signature)

(Date)

I certify that repairs have been completed as indicated on the final automated repair estimate dated: _____

(Repairer's Signature)

(Date)