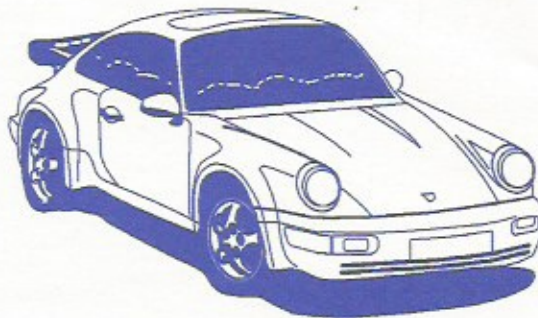


Armando

Auto Body, Inc.

Tax# 22-3610021



AUTHORIZATION PURSUANT TO:

State of New Jersey, Department of Insurance, Circular Automobile #38
Sub chapter 10: Automobile Physical Damage Claims -11:3 - 10.3 (L)

- (L) The insured may elect to have the insurer pay the repairer directly in order to expedite recovery of the motor vehicle.
The insured must make this election in writing.
- (a) Work will begin seven working days following receipt of this notice.

INSURANCE CO.

INSURED'S NAME _____ CLAIM NO. _____

CLAIMANT'S NAME _____ POLICY NO. _____

I hereby authorize _____ of **ARMANDO AUTO BODY INC.**

801 MAIN AVENUE, PASSAIC, NEW JERSEY 07055, to act on my behalf as my designated representative in negotiations with _____

in any and all attempts to settle the claim arising from the accident dated _____.

The Undersigned does hereby give notification to the aforementioned Insurance Company that repairs have been/or will be made by my authorized representative **ARMANDO AUTO BODY, 801 MAIN AVENUE, PASSAIC, NEW JERSEY 07055** to my automobile.

Year-Make _____ Serial Number _____ Plate Number _____

ARMANDO AUTO BODY INC. is undertaking to do the above repairs based not only upon my authorization, but upon your agreement to pay the agreed price and I authorize you to make payment directly to **ARMANDO AUTO BODY INC.** at the above address to facilitate the release of my automobile.

X _____

WITNESS: _____ **DATE:** _____