



# UNION COLLISION

640 RAHWAY AVE

UNION, N.J. 07083

TEL. (908) 964-1212

FAX (908) 964-3971

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CLAIM #

OWNER

VEHICLE

## REPAIR AUTHORIZATION

I authorize Union Collision to perform and or sublet all necessary repairs and replace essential parts involved to bring this vehicle back to the condition it was before this accident occurred.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## SUPPLEMENT & PAYMENT AUTHORIZATION

I authorize \_\_\_\_\_ insurance company to pay directly to Union Collision all Payments and Supplements due as a result of my loss.

Date \_\_\_\_\_ Signature \_\_\_\_\_

New Jersey Tax Identification # 222/606/234