|  |
| --- |
| **MAPFRE Insurance CAR|EZ Program** |

|  |  |
| --- | --- |
| Claim # |       |
| Date of Loss |       |
| Name |       |

**Release Authorization and Shop Repair Authorization**

I hereby agree to utilize the MAPFRE Insurance CAR|EZ Program for the repair of my

|  |  |  |
| --- | --- | --- |
|       | at  |  Dudley Street Auto Body  |
| (Vehicle Information) |  | (Shop Name) |

|  |
| --- |
| I further agree to allow the CAR|EZ. Shop and MAPFRE Insurance to electronically |
|  |
| expedite the repair process of my vehicle. (MA - in accordance with Massachusetts Regulation 212 CMR.) |
|  |

|  |  |  |
| --- | --- | --- |
| I hereby authorize |  Dudley Street Auto Body  | to repair the above |
|  | (Shop Name) |  |
| mentioned vehicle. I agree that I will be responsible to pay the above shop my deductible  |
|  |
| and any betterment assessed to me for the repair of my vehicle. |

**Direction To Pay**

|  |
| --- |
| I hereby assign my policy benefits for collision/comprehensive repairs and authorize MAPFRE |
|  |  |  |
| Insurance to pay |       | directly for the |
|  | (Shop Name) |  |
| damages in the amount of | $ |       | arising out of the accident on |
|  |  |  |
|       | . |  |
| (Date) |  |  |

|  |  |  |
| --- | --- | --- |
|       |  |  |
| (Print Name) |  |  |
|  |  |  |
|  |  |       |
| (Signature) |  | (Date) |

|  |
| --- |
| **MASSACHUSETTS CAR|EZ SHOPS** |
| Shop Reg # | RS0000584 |
| Expiration Date | 05-31-2018 |
| Tax ID # | 042849606 |