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

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| --- | --- |
| 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) |

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| 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.) |
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| --- | --- | --- |
| 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) |

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