



Nationwide®

"ON YOUR SIDE"
AUTO REPAIR NETWORK
AUTHORIZATION AND DIRECTION TO PAY

How would you like to be contacted?

Text Email Phone

Email Address: _____ Email Address #2: _____

Cell Phone: _____ Cell Phone #2: _____

VEHICLE OWNER/LESSEE'S NAME: _____

VEHICLE DESCRIPTION: (YR/Make/Model) _____

VIN# _____

NATIONWIDE CLAIM NUMBER: _____ DATE OF LOSS: _____

Repair Facility: _____

I authorize the above captioned "On Your Side" Auto Repair Network 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/Lessee'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, all supplemental and final automated repair estimate(s) which have/has been explained to me by the repair facility.
- > I have received a copy of the Direct Repair Guarantee.
- > I have inspected the vehicle and I am satisfied with the initial repair quality

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

Gross Estimate Amount \$ _____

Customer Responsibility (Deductible, etc.) \$ _____

Net Amount Due \$ _____

(Vehicle Owner/Lessee's Signature)

(Date)

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

(Repairer's Signature)

(Date)

(Form must be retained in repairer's records for at least seven (7) years or as required by State statute, whichever is shorter.)