

# ThorneS Collision Center

4075 Pemberton Square Boulevard

Vicksburg, MS 39180

601-636-8604

Name: City of Vicksburg RO#: \_\_\_\_\_  
SAFETY DEPT.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date In: 5-9-18 Delivery Date: \_\_\_\_\_

All work performed must be paid in full by the following means before vehicle is released:  
Cash, Check, Insurance Check, Money Order, Cashier's Check, or Credit Card  
\*All insurance checks must be properly endorsed, including lien holder signature before  
vehicle is released.\*

## Deductible must be paid in full before vehicle is released

By signing below you are hereby authorizing ThorneS Collision Center to make the specific repairs as shown in your auto body repair estimate. ThorneS Collision Center is not responsible for loss or damage to vehicle or damage to the vehicle or articles left in the vehicle in the case of fire, theft, accident, or any other causes beyond our control.

The undersigned does hereby appoint ThorneS Collision Center permission to endorse any checks or drafts to secure payment for the stated auto body repairs.  
This is a direction of pay.

Insurance Co: ALFA Contact #: 601-824-3273  
Status of Insurance Check: check will be issued by adjuster.  
Deductible: -0- Insurance Total: 18,675<sup>68</sup> + any hidden damage  
Additional Customer Pay: \_\_\_\_\_ TOTAL REPAIR: 18,675<sup>68</sup> + any hidden damage  
Adjuster: Chal Pace Claim#: MO7-24236

X Signature: \_\_\_\_\_ Date: \_\_\_\_\_