



POWER OF ATTORNEY

I hereby appoint Pro Collision Center of 275 W 75th Pl Hialeah, FL 33014 as my attorney in fact to endorse insurance checks or draft covering repairs to the vehicle listed below. Customer understands the responsibility for payments or repairs.

Authorized By:

(SIGNATURE)

(DATE)

Insurance Company: _____

Insured/ Claimant: _____

CLAIM #: _____

VEHICLE YEAR, MAKE & MODEL: _____

Notes:

275 W 75th Place Hialeah, FL 33014
PH: 305-364-3676 FAX: 305-364-3685
TAX ID: 45-3955746