

STEINGOLD COLLISION CENTER

AUTHORIZATION FOR INSURANCE NEGOTIATION

I hereby authorize **Steingold Collision Center** to represent me in negotiations with any and all insurance companies regarding the repair of my vehicle. This authorization applies specifically to vehicles between **48 and 72 months of age** and pertains to the selection and use of **OEM (Original Equipment Manufacturer)** or **aftermarket parts** during the repair process.

By granting this authorization, I empower Steingold Collision Center to advocate for the highest quality repairs, ensuring my vehicle is restored with the best parts available.

Steingold Collision Center
766 Broadway
Pawtucket, RI 02861
License No. 69

Owner Information:

Full Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Vehicle Information:

Year/Make/Model: _____

VIN: _____

Insurance Co: Policy #: _____

Claim #: _____

X _____

(Signature of Owner)

Date