



I acknowledge that repairs to the following vehicle have been made completely to my satisfaction. I authorize _____ to make payment in the amount of \$ _____, solely to RILEY & SONS, INC. I authorize RILEY & SONS, INC to act as Power of Attorney to sign any payments and/or supplemental payments pertaining to the repairs of the vehicle listed below.

Year of Vehicle	Make and Model of Vehicle
VIN Number	Claim Number

Signature

Printed Name

Date

2394 E. 400 S. Anderson, In 46017 Ph – 765-649-4902 Fax 765-649-2652
 106 W. Central Way Pendleton, In 46064 Ph – 765-778-1600 Fax – 765-778-0500
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 Visit Our Website: www.rileyandsons.com