

"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 :		Carrier Commence
Cell Phone:	Cell Phone #2		
VEHICLE OWNER/LESSEE'S NAME:			
VEHICLE DESCRIPTION: (YR/Make/Model) VIN#			
NATIONWIDE CLAIM NUMBER:			
Repair Facility:			
I authorize the above captioned "On Your Side" Auto a total loss. I also understand that I will be responsible	Repair Network Repair Facility to e.e to pay my deductible of \$	stimate and repair my	vehicle, unless it is deemed to be
(Vehicle Owner/Lessee's Signature)		(Date)	
I certify that this customer was not present upon the a also explained the customers responsibility to pay the vehicle was received by	arrival of the vehicle and I have receir \$ deductible up	eived verbal authorization completion of the	ion to repair the vehicle. I have repairs. Permission to repair the
	on (date)	•	
(Repairer's signature)			
ATTENTION CUSTOMER: This section is to be co I have received a copy of the initial and I have received a copy of the Direct Rep I have inspected the vehicle and I am sa	final automated repair estimate which pair Guarantee. Itisfied with the initial repair quality	our completed repair ch has been explained	rs. I hereby certify that: to me by the repair facility.
I authorize Nationwide to pay the above captioned Dire	B 151 151	c	
Customer		\$s	
Customer		\$	
		~	1
(Vehicle Owner/Lessee's Signature)	(Date)		
I certify that repairs have been completed as indicated	on the final automated repair estimat	e dated:	- Control of the Cont
(Repairer's Signature)		Date)	-

EACH CLAIM WILL BE HANDLED UPON ITS INDIVIDUAL MERITS, IN A FAIR AND REASONABLE MANNER AND IN ACCORDANCE WITH ALL APPLICABLE LAWS AND REGULATIONS.