



**NORTH STATE CUSTOM**  
QUALITY ♦ PROFESSIONALISM ♦ INTEGRITY

## **AUTHORIZATION TO PAY FORM**

To whom it may concern:

**Please be advised that I,**

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**Do hereby authorize**

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(your Insurance Company)

**Claim #**

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**to pay directly to North State Custom, the total charges for repairs on my**

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**Vin #**

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I do understand that North State Custom as part of customer service is willing to release my vehicle to me with a balance due. In the event the Insurance Company in error sends the balance due check to me, I will remit the insurance check to North State Custom by mail or in person in a timely manner.

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Date

Signature of Owner

FED TAX ID # 13-3860423

New York State Shop Registration # 7077952

North State Custom • 114 Green Lane • Bedford Hills, NY 10507 • (914) 241-1234 • Fax (914) 241-6217