

PROGRESSIVE INSURANCE
REPAIR AUTHORIZATION

OPEKA AUTO REPAIR CO. INC.
P.O. Box 986
McMurray, PA 15317
724-941-6608

Federal Tax Identification Number _____

DATE: **X** _____

I, _____ hereby authorize Opeka Auto Repair
Company to perform the needed auto body repairs as per the estimate that was prepared
by the Progressive Insurance appraiser to my _____
(year) (make)

(model) (VIN)

I also authorize Opeka Auto Repair Company to drive my vehicle in and out of the shop
and on a road test, if necessary.

Signed **X** _____
Customer signature