



AUTHORIZATION TO RELEASE VEHICLE FOR REPAIR OR SALVAGE

Being the legal owner or owner's representative/agent I/we do authorize Emerald Transportation Corporation to release the vehicle described to our authorized repair center or insurance agency for repair or salvage.

Emerald will transport to or release my vehicle to the repair center or insurance company with my authorization and that all charges for towing, recovery, and storage will be paid by my authorized repair center, insurance agency or agent at the time of release or delivery of vehicle.

Payment Acceptance: Cash, Visa, MasterCard, Amex, Company Check.

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Driver's License Number: _____

Year: _____ Make: _____ Model: _____ VIN: _____

I/We authorize Emerald Transportation to release/transport the above vehicle/vessel to:

Repair Center/Insurance Co/Auth Agent: _____

Authorized Signature: _____ Date: _____

Print Name: _____

Invoice No: _____ Charges not to exceed: _____

Please return to fax number (954)917-4737 or e-mail to info@emeraldtowing.com with a clear copy of your or your representative's driver's license.