

DIRECTION TO PAY

DATE: _____

TO: _____

I, _____, authorize the insurance company named above to pay **ROUTE 303 AUTO BODY INC.** directly for the repairs made to my vehicle. The claim/vehicle information is as follows:

CLAIM # : _____

VIN # : _____

YEAR, MAKE, MODEL: _____

Signed,

X _____

ROUTE 303 AUTO BODY INC.

197 Route 303, Valley Cottage, NY 10989 (845)268-3333

Tax ID # 13-3894997