



**DIRECTION TO PAY
AUTHORIZATION TO REPAIR**

INSURED/CLAIMANT _____
INSURANCE CO. _____
CLAIM # _____
DATE OF LOSS _____
ADJUSTER _____

REPAIR SHOP: TONY'S AUTO BODY SALES & SERVICE, INC
843 CHURCH STREET
NEW BEDFORD, MA 02745
TEL: 508-998-7501/FAX: 774-628-9350
MA REG# 2007 EXP 6/30/2022
TAX ID # 04-2873674

I, THE INSURED/CLAIMANT, AUTHORIZE THE INSURANCE COMPANY TO FORWARD PAYMENT
FOR REPAIRS TO TONY'S AUTO BODY AT THE ABOVE LISTED ADDRESS.

INSURED/CLAIMANT SIGNATURE _____

DATE _____