



Samuel Auto Body

8 Memorial Drive
Neptune, NJ 07753

Phone: (732) 455 5466 OR (732) 822-5143

Fax: (732) 455 3014

State Lic.#: 01618-A

Fill in From Online Then Print & Sign, Bring Completed Form To Representative Tax ID Number: 383-767-126/000

DIRECTION TO PAY

Vehicle Owner Name: _____

Owners Address: _____ **City:** _____

State: _____ **Zip:** _____

Tel: _____ (C) _____ (H)

Vehicle year: _____ **Make:** _____

Model: _____ **VIN:** _____

Insurance Company: _____ **EX:** _____

Claim Number: _____

Date of Loss: _____

I, _____ being the true and lawful owner of the vehicle identified above
(Name of Vehicle Owner)

hereby authorize _____ Insurance Company to issue any and all
(Name of Insurance Company)

check(s) for the repair of my vehicle and or any and all payments for towing and storage directly to

Samuel Auto Body and send the check to Samuel Auto Body at the address listed above.

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Signature: _____ Date: _____