



352 E. Main Street • Rockaway, NJ 07866

Phone 973-627-0059 • Fax 973-627-9055

www.carstar.com

Tax ID# 222-497-047/000

NJ License # 01563A

DIRECTION OF PAY

Insurance Company _____

Customer Name _____

Claim # _____ Policy # _____

You are hereby authorized to forward payment for repairs and/or supplements Directly to *D & M Auto Body*. Balance is calculated as follows:

Total repair cost	\$ _____	
Less deductible	-\$ _____	customer pays
Less betterment	-\$ _____	customer pays
Less initial pmt	-\$ _____	insurance co. pays
Other	+/- \$ _____	
Balance/Supplement	= \$ _____	due from insurance co.

Please Print Name

Authorized Signature

Date

Any checks received by a claimant or insured, must be turned over to *D & M Auto Body* immediately. Any attempt to withhold payment after signing this document could result in the claimant or insured being charged with insurance fraud and fined. To secure payment for the above repair balance, I acknowledge that *D & M Auto Body* has a mechanics lien on my vehicle until all such repair costs have been paid. I further agree to pay reasonable attorney's fees, court costs and interest in the event that legal action is necessary.