



ATTN CLAIM REP: _____

FAX NUMBER: _____

DATE: _____

FROM:

Today's Collision Danvers

Tel: (978) 624-7911

Fax: (978) 972-5912

DIRECTION TO PAY

*I authorize the insurance company to send payments for repairs directly to
Today's Collision Repair Center.*

*I also understand this DTP is required so that my vehicle
may be released upon completion of repairs.*

X _____
Signature of Policy Holder

Date _____

CLAIM INFORMATION:

Insurance

Company: _____

Insured: _____

Type of Loss: _____

Claim#: _____

Date of Loss: _____

SHOP INFORMATION:

Send Payment To:

Today's Collision Danvers

151 Andover Street

Danvers, MA 01923

Mass RS# 5445 (Exp. Date 05/31/2022)

Tax ID# 84-4781008

Hazardous Waste# MAR000579540

Liability Insurance# 6808E912427

Mass Appraisers License# 10983

I understand that even with an accepted **Direction to Pay** having been submitted to the insurance company, sometimes the check, which is due to Today's Collision Repair Centers, will be mistakenly sent to the customer. In the event that I receive a check from the insurance company for the payment of my repair, I will immediately contact Today's Collision Repair Centers and deliver and endorse the check to them. If any additional charges are incurred for any reason as a result of this, I agree to pay them.

X _____
Signature of Policy Holder

Date _____