

STEINGOLD COLLISION CENTER

DIRECTION TO PAY

Owner Information:

Full Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
E-mail: _____

Vehicle Information:

Year: _____
Make: _____
Model: _____
VIN: _____
Insurance Co: _____
Policy #: _____
Claim #: _____

I hereby authorize the insurance company listed above to pay for damages arising out of the above captioned claim directly to:

Steingold Collision Center
766 Broadway
Pawtucket, RI 02861
Federal Tax ID: 05-0251467

X _____
(Signature of Owner) *Date*