DIRECTION TO PAY

Autopro Collision Corp.
266 Haverhill St.
Rowley, MA 01969
Phone: (978) 948-2440
Fax: (978) 948-2445
RS# 5290 Exp. 5/31/26

TAX ID# 82-1518806

Date: _____

Insured: _____

Claim# _____ **DOL:** _____

Insurance Company: _____ **Adjuster:** _____

I hereby authorize Autopro Collision Corp. to repair my vehicle along with purchasing any necessary materials to complete said repairs. You and your employees may operate the above vehicle for the purpose of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

I understand that the VEHICLE WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED IN FULL.

Additionally, I authorize my insurance company to pay Autopro Collision Corp. directly.

Customer Signature: _____ **Date:** _____

Shop Signature: _____ **Date:** _____