



NAME OF INSURED: _____

INSURANCE COMPANY: _____

CLAIM #: _____

SEND PAYMENT TO:

****ATTENTION CLAIM REPRESENTATIVE****

Western Ave Auto Body
882 Western Ave
Lynn MA 01905

***THIS VEHICLE WILL NOT BE RELEASED
UNTIL DTP ACCEPTANCE IS RECEIVED
*** PLEASE ******

***CALL: (781) 581-7943
FAX: (781) 202-1776
EMAIL: info@westernaab.com***

Tax ID: 61-2269839

***TO CONFIRM THAT THE DTP HAS
BEEN RECEIVED***

Mass. RS #: RS0100337
(Exp. Date): 05.31.2028

DIRECTION TO PAY

I authorize the insurance company to send payments for repairs directly to Western Ave Auto Body. I also understand this DTP is required so that my vehicle may be released upon completion of repairs.

X

Signature of Policy Holder

Date: