



DIRECTION TO PAY FORM

OWNER/CLAIM INFORMATION

Name _____ License Plate _____

Address _____

Home Phone (____) ____-____ Business/Cell Phone (____) ____-____

Year _____ Make _____ Model _____

Insurance Company _____ Claim # _____

DIRECTION TO PAY

I authorize _____ Insurance Company to pay Cobb's Body Shop directly on claim # _____ in the amount of \$ ^{TO BE DETERMINED} _____. In the event the Insurance Company/Adjustment Company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify the repair facility Cobb's Body Shop immediately and deliver the check to that facility within 24 hours of my receipt of said check.

Customer Printed Name	Customer Signature	Date
_____	X _____	_____

Body Shop Cobb's Body Shop, LLC.

Body Shop Tax ID 92-1391478

Body Shop Address 5155 Adobe Road; Twentynine Palms, CA 92277

Body Shop Phone (760) 367-0092

Body Shop Contact Kevin Cobb

Signature:

Email:

Title:

Company: