



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 \$_____. 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