



**Direction to Pay**

Tax ID #05-0426133

**Vehicle Owner:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
License Plate #: \_\_\_\_\_ State: \_\_\_\_\_  
Claim #: \_\_\_\_\_ DOL: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Claimant: \_\_\_\_\_

**INSURED'S/CLAIMANT'S DIRECTION OF PAYMENT GUARANTEE**

The undersigned hereby authorizes the above-named insurance company to pay Cranston Collision Center directly for all repairs and supplement invoices for the above-mentioned vehicle/claim. Please note: Payment must first be received in full prior to delivery of the vehicle. Any payment inadvertently sent to the insured must be forwarded to Cranston Collision Center immediately upon receipt. In addition, the undersigned authorizes Cranston Collision Center to sign their name to the insurance check for repairs that have been completed to this vehicle.

Vehicle Owner Signature/Assignor: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**INSURANCE COMPANY'S DIRECTION TO PAY GUARANTEE**

The undersigned hereby acknowledges receipt and acceptance of said Direction to Payment. Please note: Any company not honoring the Direction to Pay accepts responsibility for delay in delivery of said vehicle until payment of all work orders and supplements have been paid in full.

Claims Handler: \_\_\_\_\_ Date: \_\_\_\_\_