



ATTN CLAIM REP: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: **Bobby Cobb**  
**Today's Collision**  
Tel: (781) 321-6080  
Fax: (781) 321-6084

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## **DIRECTION TO PAY**

*I authorize the insurance company to send payments for repairs directly to Today's Collision Repair Center.*

*I also understand this DTP is required so that my vehicle may be released upon completion of repairs.*

X \_\_\_\_\_  
*Signature of Policy Holder*

Date \_\_\_\_\_

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### **CLAIM INFORMATION:**

Insurance Company: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Type of Loss: \_\_\_\_\_  
Claim#: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_

### **SHOP INFORMATION:**

#### **Send Payment To:**

Today's Collision & Fleet Service Center Inc  
375 Washington Street  
Malden, MA 02148

Mass RS# 4159 (Exp. Date 05/31/2024)  
Tax ID# 57-1164067  
Hazardous Waste# MV7813216080  
Liability Insurance# 6808E912427  
Mass Appraisers License# 10983

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I understand that even with an accepted **Direction to Pay** having been submitted to the insurance company, sometimes the check, which is due to Today's Collision Repair Centers, will be mistakenly sent to the customer. In the event that I receive a check from the insurance company for the payment of my repair, I will immediately contact Today's Collision Repair Centers and deliver and endorse the check to them. If any additional charges are incurred for any reason as a result of this, I agree to pay them.

X \_\_\_\_\_  
*Signature of Policy Holder*

Date \_\_\_\_\_