

Attn: Claim Rep: _____
Fax Number: _____
Date: _____

From: Audrey Marino
Today's Collision-Chelsea
Tel: (617) 887- 0080 x 210
Fax: (617) 887 - 0187

DIRECTION TO PAY

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

I also understand this Direction to Pay is required so that my vehicle may be released upon
completion of repairs.

X _____
Signature of Insured/Claimant

X _____
Date

CLAIM INFORMATION:

Insurance Co: _____
Insured/Claimant: _____
Claim #: _____
Date of Loss: _____
Type: Collision / Comprehensive / Liability

REPAIR SHOP ADDRESS:

Today's Collision Repair Center
99 Everett Avenue

Chelsea, MA 02150

REPAIR SHOP INFORMATION:

Mass RS# 1665 Exp 5/31/25

Tax ID# 043040060

Hazardous Waste#MV6178870080

Liability Insurance# 6808E912427

Mass Appraisers License# 5410925

****Attention Claim Representative****

THIS VEHICLE WILL NOT BE RELEASED UNTIL DTP ACCEPTANCE IS RECEIVED BY SHOP

Please provide proof of DTP acceptance by one of the following methods:

E-Mail: Send Claim #, Insured's Name and "DTP accepted" to Audrey@TodaysCollision.com

Fax: Fax this form to (617) 887-0187 Attn: Audrey Marino

OR You may also fax or email your company's official Acknowledgement of Direction
to Pay Document
