

\*\*\*DIRECTION TO PAY\*\*\*

I HERBY AUTHORIZE \_\_\_\_\_ INSURANCE  
COMPANY TO ISSUE ANY ANY SUPPLEMENTAL PAYMENTS FOR REPAIRS  
TO MY VEHICLE:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

DIRECTLY TO: MADISON AUTO BODY, INC,  
ADDRESS: 14 KINGS ROAD  
MADISON, NEW JERSEY 07940

N.J. STATE LICENSE # 00656A

TAX ID# 222-766-784

PHONE# 973-377-6746

FAX# 973-377-2994

SIGNATURE \_\_\_\_\_

CLAIM # \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_