

**Howard Auto
Body & Repair**



CITY LICENSE:1591888
TAX ID: 201-754453

DIRECTION OF PAYMENT

I, _____ HEREBY AUTHORIZE DIRECT PAYMENT FOR REPAIRS ON MY
BELOW MENTIONED VEHICLE TO BE MADE DIRECTLY TO:

Howard Auto Body and Repair

2255 W Howard St Chicago IL 60645

PHONE: 773-262-3550

FAX: 773-262-6916

YEAR: _____ **MAKE:** _____ **MODEL:** _____

MILEAGE: _____ **PLATE NUMBER:** _____ **COLOR:** _____

VIN NUMBER: _____

INSURANCE COMPANY NAME: _____

CLAIM OR FILE #: _____ **ADJUSTER NAME:** _____

DATE OF LOSS: _____

VEHICLE OWNER SIGNATURE: _____ **DATE:** _____

****INSURANCE PAYMENTS MAY BE PAID WITH INSURANCE COMPANY CHECK INCLUDING HOWARD AUTO BODY & REPAIR'S
NAME. CASHIERS CHECK OR CASH DEDUCTIBLES MAY BE PAID WITH CREDIT CARD OR CASH. PERSONAL CHECKS ACCEPTED.**

**I DO NOT WISH FOR PAYMENTS TO BE MAILED TO HOWARD AUTO BODY AND I UNDERSTAND
FULL PAYMENT, INCLUDING DEDUCTIBLE IF APPLICABLE, IS REQUIRED AT THE TIME OF
VEHICLE RELEASE. I UNDERSTAND IF PAYMENT IS NOT RECEIVED AT THE TIME OF VEHICLE
RELEASE, HOWARD AUTO BODY & REPAIR IS ENTITLED TO CHARGE STORAGE FEES.**

VEHICLE OWNER SIGNATURE: _____ **DATE:** _____