

**Howard Auto
Body & Repair**



CITY LICENSE:1591888
TAX ID: 201-754453

DIRECTION OF PAYMENT

I, [REDACTED], 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: [REDACTED] MAKE: [REDACTED] MODEL: [REDACTED]

MILEAGE: [REDACTED] PLATE NUMBER: [REDACTED] COLOR: [REDACTED]

VIN NUMBER: [REDACTED]

INSURANCE COMPANY NAME: [REDACTED] CLAIM OR FILE#: [REDACTED]

ADJUSTER NAME: [REDACTED] DATE OF LOSS: [REDACTED] / [REDACTED] / [REDACTED]

INSURANCE PAYMENTS MAY BE PAID WITH INSURANCE COMPANY ISSUED CHECK SO LONG AS IT ALSO NAMES HOWARD AUTO BODY & REPAIR. CASHIERS CHECK OR CASH DEDUCTIBLES MAY BE PAID WITH CREDIT CARD, WHICH INCLUDES A 3.5% SERVICE FEE. CASH AND PERSONAL CHECKS ALSO ACCEPTED.

VEHICLE OWNER SIGNATURE: [REDACTED] DATE: [REDACTED] / [REDACTED] / [REDACTED]

----- **OR** -----

I, [REDACTED], 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: [REDACTED] DATE: [REDACTED] / [REDACTED] / [REDACTED]