



Frank and Bill's Auto Collision Center
3306 Mountain Road
Pasadena, MD 21122
(P) 410-255-3368
(F) 410-439-3967

Tax ID# 52-2067900

Direction to Pay

Vehicle Owner: _____

Claim Number: _____

Vehicle Year, Make, & Model: _____

VIN Number: _____

I authorize _____ insurance company to process direct payment to Frank & Bill's Auto Collision Center for repairs to my vehicle. This includes initial payment along with any supplement payments as well.

X _____
Print Name

X _____
Date

X _____
Signature

X _____
Date