

DIRECTION TO PAY

AUTO BODY CLINIC
29 RIVER ST.
BEVERLY MA, 01915
978-922-3334

FAX# 978-922-7523

IRS# _____
RS#163 EXP: 5/31/08

INSURED: _____

INSURANCE COMPANY: _____

CLAIM#: _____

REGARDING: _____

SIGNATURE: _____

****PLEASE MAKE PAYMENT DIRECTLY****

*****TO AUTO BODY CLINIC Inc*****