



Wagonwork Collision Center

Direction of Payment

I _____ hereby authorize
 _____ Insurance Company to pay Wagonwork Collision Center
 directly the sum of _____ for additional repairs to my
 _____ I further agree to assume responsibility for the
 above amount should payment not be made to the repairer within 30 days.

(Witness)

(Owner Signature)

(Date)

(Ins. Claim Number)

Please remit payment to:

Wagonwork Collision Center
 3406 Jefferson Davis Hwy
 Alexandria, Virginia 22305
Phone: 703-684-2985
Fax: 703-549-2658
Tax ID#: 54-2031999

Wagonwork Collision Center II
 417 East Clifford Ave.
 Alexandria, Virginia 22305
Phone: 703-706-8151
Fax: 703-706-5918
Tax ID#: 043-703035

www.wagonworkcollision.com

PLEASE REMIT PAYMENT WITHIN 10 DAYS.