



**PAYMENT GUARANTEE**

I \_\_\_\_\_ as a representative of \_\_\_\_\_ agree to make payment to Wagonwork Collision Center in the amount of \$ \_\_\_\_\_ for repairs to a \_\_\_\_\_ owned by \_\_\_\_\_ . Payment will be made within seven days of today's date and mailed directly to Wagonwork Collision Center.

X \_\_\_\_\_

Date \_\_\_\_\_

3406 Jefferson Davis Hwy  
Alexandria, Virginia 22305  
**Phone: 703-684-2985**  
**Fax: 703-549-2658**

[www.wagonworkcollision.com](http://www.wagonworkcollision.com)

417 East Clifford Ave.  
Alexandria, Virginia 22305  
**Phone: 703-706-8151**  
**Fax: 703-706-5918**