DIRECTION TO PAY FORM

OWNER/CLAIM INFORMATION

NAME_____

LICENSE PLATE_____

ADDRESS_____

YEAR/MAKE/MODEL _____

INSURANCE COMPANY_____

CLAIM #_____

DIRECTION TO PAY

I authorize_____Insurance Company to pay Nimnicht directly on claim number _____in the amount of $_____. In the event the insurance or adjustment company inadvertently mails the settlements/supplemental check to me in error. I herby agree to notify the repair facility immediately and deliver the check to that facility within 24 hours of my receipt of check.

SIGNED ---------- DATE ----------

Body shop NIMNICHT CHEVROLET COLLISION

Body Shop Tax ID 59-1205071

Body Shop Address 1515 Cassat Ave, Jacksonville FL 32210
Body Shop Phone: 904-387-4055

Body Shop Contact SCOTY GREEN, COLLISION CENTER DIRECTOR

EMAIL COMPLETE FORM TO: jpeeler@nimnicht.com and tbarger@nimnicht.com