



Smitty's Maintenance Repair & Collision, Inc.
3301 Freemansburg Avenue
Easton, PA 18045
P 610-258-5297

Repair Order # _____ (if known)

Federal EIN: 23-2915063

VEHICLE OWNER NAME: _____

VEHICLE DESCRIPTION: _____

VEHICLE IDENTIFICATION NUMBER: _____

INSURANCE COMPANY: _____

CLAIM NUMBER: _____

THIS SECTION TO BE COMPLETED BY SMITTY'S MAINTENANCE REPAIR & COLLISION, INC.

DIRECTION TO PAY

CUSTOMER AMT TO PAY: _____ INSURANCE AMOUNT TO PAY: _____

I authorized the insurance company to send payment for repairs directly to Smitty's Maintenance Repair & Collision, Inc. In the event the insurance or other party inadvertently mails the settlement/supplement check to me, I hereby agree to notify the said shop immediately, and I agree to deliver such check to the repair facility with 24 hours of my receipt of such check.

Customer Printed Name: _____

Customer Signature: _____

Date: _____

Please return proof of DTP acceptance by one of the following:

Email to kim@smittysofpalmer.com

Fax: 610-438-2634