

**Johnson Auto Body, Inc.**  
393 Merrow Rd – Tolland, CT 06084  
**Collision and Refinish Specialists**  
Phone: 860-875-7136 Fax: 860-871-8647  
E-mail: htfd@jabct.com  
Federal Tax ID 06-1255724

**Direction to Pay**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Deductible: \_\_\_\_\_

Liability Loss: \_\_\_\_\_ Collision Loss: \_\_\_\_\_ Comprehensive Loss: \_\_\_\_\_ Glass Loss \_\_\_\_\_

Lienholder: \_\_\_\_\_ Account: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you need a rental? Yes No Do you have rental coverage? Yes No \$ per day \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Date of Contact: \_\_\_\_\_ Date Assnd: \_\_\_\_\_ Date Shop Insp: \_\_\_\_\_ Date Ins Insp: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Claim #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Appraiser: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Claims Handler: \_\_\_\_\_ Ext: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Color: \_\_\_\_\_

Would you like us to negotiate this claim with the above Insurance Company? Yes No

How did you learn about us? Ins. Referral: \_\_\_\_\_ Phone Book: \_\_\_\_\_ Friend/Family: \_\_\_\_\_  
Previous Customer: \_\_\_\_\_ Internet \_\_\_\_\_ Other: \_\_\_\_\_

**I authorize Johnson Auto Body to appraise and repair my vehicle. After the repair has been reviewed and scheduled, I authorize the Insurance Company (named above) to send payment for the above claim to, and payable to, Johnson Auto Body, Inc. I understand that if I cancel my repair after parts have been ordered that I am responsible to reimburse Johnson Auto Body for a 35% parts restocking fee.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Office Use Only**

VIN #: \_\_\_\_\_ License Plate: \_\_\_\_\_

Production Date: \_\_\_\_\_ Mileage: \_\_\_\_\_