

Johnson Auto Body, Inc

393 Merrow Rd – Tolland, CT 06084

Collision and Refinish Specialists

860-875-7136 / fax 860-871-8647

e-mail: Wayne@jabct.com

Federal Tax ID 06-1255724

Direction of 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 Loss of Use? Yes No

Date of Loss: _____ Contact: _____ Assnd: _____ Shop insp: _____ Ins insp: _____

Insurance Company: _____

Claim #: _____ Policy #: _____

Appraiser: _____ Extn: _____ Phone: _____

Fax: _____

Claims Handler: _____ Extn: _____ Phone: _____

Fax: _____

Year _____ Make _____ Model: _____

Vin #: _____ License Plate: _____ Color: _____

Production Date: _____ Mileage: _____

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: _____ Other: _____

I authorize Johnson Auto Body Inc. 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 I will be responsible to reimburse Johnson Auto Body for a 35% parts restocking fee.

Customer Signature: _____ Date: _____