

**Attn: Claim Rep:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**From: Anchor Body Corp**

**Tel: (781) 935-0041**

**Fax: (781) 935-2312**

## DIRECTION TO PAY

*I, \_\_\_\_\_, authorize the insurance company to send payments for repairs to my vehicle, including any supplements, and towing and storage charges, directly to Anchor Body Corporation.*

X \_\_\_\_\_

Signature of Policy Holder

X \_\_\_\_\_

Date

Claim Information:

Date of Loss:

Claim #:

Date Faxed:

Send payments to:

Anchor Body Corp

3 Breed Avenue

Woburn, Ma 01801

Mass RS# 191 (expires 5/31/2017)

Tax ID: 04-2736611

Mass Appraisers Lic# 5853

## REPAIR AUTHORIZATION

I hereby authorize Anchor Body Corp to repair my vehicle, and realize that, occasionally, it may be necessary for employees of Anchor Body Corp or its sublet vendors to operate my vehicle. I agree not to hold Anchor Body Corp responsible for any personal items left in my vehicle, or for loss or damage to the vehicle, in case of fire or theft, or any cause beyond their control. I realize that I am responsible to pay my insurance deductible to Anchor Body Corp before my vehicle is released to me.

X \_\_\_\_\_

Signature

X \_\_\_\_\_

Date