

DIRECTION TO PAY AUTHORIZATION FORM

OWNER/VEHICLE INFORMATION:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Vehicle Year/Make/Model: _____

License Plate: _____ Last 6 of VIN: _____

DIRECTION TO PAY:

I authorize _____ insurance company to pay DELOS SANTOS, LLC. Dba. Burien Auto Rebuild directly on claim number: _____ for the balance and/or supplement billing less any deductible, if applicable. In the event the insurance or adjustment company inadvertently mails the settlement/supplement check to me in error, I hereby agree to notify Burien Auto Rebuild immediately and deliver the check to Burien Auto Rebuild within 24 hours of my receipt of said check.

Customer Printed Name: _____

Customer Signature: _____

Date: _____

BODY SHOP INFORMATION:

Legal Entity: DELOS SANTOS, LLC.

Trade Name: BURIEN AUTO REBUILD

Tax ID: 83-1285256

Address (Physical & Mailing): 824 S.W. 150TH ST., BURIEN, WA. 98166

Phone: (206) 743-8069

Fax: (206) 503-2936

Contact: Julie delos Santos / julie@burienautorebuild.com