

# Fuller Auto Body

## DIRECTION TO PAY and WORK COMPLETED FORM

CUSTOMER NAME \_\_\_\_\_ DATE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

CLAIM NUMER \_\_\_\_\_ DATE OF LOSS \_\_\_\_\_

### SEND PAYMENT TO:

Fuller Auto Body and Collision Center

505 Washington Street

Auburn MA 01501

508-832-6352

Assignments@fullerautomotive.com

Tax ID#: 04-2261265

MAD#: 985300938

INS#: 7900L845 680

Travelers

Mass Reg #: RS00000271

EXP. 12/31/2021

Appraiser#: 014328

Joshua Fuller

### DIRECTION TO PAY

To the extent that we will not be paying for repairs to your auto under an approved direct payment plan, you are required by Massachusetts's law (Chapter 90, Section 34-0 and Chapter 175, Section 113-0) to complete this form before we will pay for such repairs under the applicable provisions of Collision, Limited Collision and Comprehensive coverage's of your Massachusetts's automobile insurance policy.

Your policy allows us to make an appraisal of your damages before repairs. If you then have the auto repaired in accordance with our appraisal, you must sign this form and have Fuller Auto Body certify the information below. We must pay your claim, subject to your deductible, within (7) days after we receive the properly signed and certified form. We have the right to inspect the repairs. All the damage to my auto will be repaired in accordance to the appraisal. The repairs were completed by the above named shop, **Fuller Auto Body and Collision Center**.

**We will either pay you or, if you request, we will pay Fuller Auto Body directly. If you wish us to pay Fuller Auto Body directly for the repairs, less deductible and/or betterment charges (if applicable), please sign below. I understand that payment in full will be due before the vehicle can be released, including additional supplement damage charges and applicable deductible. Storage charges of \$35/day will apply if vehicle is not picked up within 3 days of being completed.**

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE

### STATEMENT OF REPAIRS

I authorize Fuller Auto Body and Collision Center to perform any necessary pre and post repair electronic scanning diagnostic and understand this may identify both related and unrelated diagnostic trouble codes and conditions. I am aware this information may be shared with my insurance carrier or third party, as part of the process and give Fuller Auto Body and Collision Center permission to do so.

I hereby authorize Fuller Auto Body to make the above specified repair(s) from the appraiser's estimate. I hereby grant your employees permission to operate the vehicle herein described on the streets, highway, or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on the above vehicle to secure the amount of repairs thereto. We will not be held responsible for loss or damage to the vehicle or articles left in the vehicle in case of fire, theft, accident or any other cause beyond our control. Old parts from the vehicle will be disposed of unless otherwise instructed. I authorize you to act as power of attorney to sign insurance checks to pay for damages to the above stated vehicle.

\_\_\_\_\_  
CUSTOMER SIGNATURE

\_\_\_\_\_  
DATE