

**D&J Collision** 256 Lackland Dr, East Middlesex, NJ 08846

License #03248A Tax # 843-573-332-000

### Direction to Pay

I AUTHORIZE \_\_\_\_\_ Insurance Company to issue any and  
all payments for repairs to my VEHICLE \_\_\_\_\_  
VIN # \_\_\_\_\_  
directly to **D AND J COLLISION CENTER LLC** at the above referenced address.

**\*\*\*IMPORTANT NOTICE\*\*\***

Any checks received by a claimant must be turned over to D and J Collision Center  
when the job is completed Initial \_\_\_\_\_.

CLAIMANT SIGNATURE \_\_\_\_\_

CLAIM NO: \_\_\_\_\_

DATE: \_\_\_\_\_