



**46 LIBERTY ST.  
LITTLE FERRY, NJ 07643  
201-641-6696**

**DIRECTION OF PAYMENT/ INSURANCE RELEASE**

INSURANCE COMPANY NAME: \_\_\_\_\_

VEHICLE OWNERS NAME: \_\_\_\_\_

CLAIM#: \_\_\_\_\_

POLICY# \_\_\_\_\_

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

PLATE#: \_\_\_\_\_

VIN#: \_\_\_\_\_

YOU ARE HEREBY AUTHORIZING TO FORWARD PAYMENT FOR REPAIRS AND/OR SUPPLEMENTS DIRECTLY TO A&D TOWING AND RECOVERY. YOU ARE GUARANTEEING THAT ALL PAYMENTS FOR WORK, (TOWING, RECOVERY, CLEANUP, LABOR, ETC.) WILL BE MADE.

THIS FORM ALSO SERVES TO AUTHORIZE YOUR INSURANCE COMPANY TO PAY CHARGES AND TAKE POSSESSION OF YOUR VEHICLE.

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

NAME: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_