



128 POND STREET | BILLERICA, MA 01821

DIRECTION OF PAYMENT

DATE FAXED _____ FAX NUMBER _____

CLAIM REP _____ CLAIM _____

INSURANCE COMPANY _____

DATE OF LOSS _____

YEAR, MAKE, MODEL _____

FED ID #042847607

SHOP REG #637 EXP _____

E.P.A. WASTE #108863622

APPRAISER LIC. #7524

Power of Attorney to Marshall's Auto Inc.

I do hereby appoint the aforementioned business to collect and accept on my behalf any and all checks drafts for repair on my vehicle, supplement and or complete if agree by both parties.

Signature _____ Date _____