



**Princeton Auto Body**

29 South 6th Street  
Princeton Illinois 61356  
Phone (815) 879-0211  
Fax (815) 872-0556

## Supplement Repair Payment Verification

Vehicle Owner: [Cust]

Insurance Co: [Insko]

Claim Number: [Claim]

*Please choose one of the following, sign and return:*

1.  I acknowledge the receipt of your supplemental repair bill in the amount of \$\_\_\_\_\_ , with request of payment to follow.

Payment will be sent directly to Princeton Auto Body.

Payment will be sent to the vehicle owner. File is COD.

2.  I have received your supplement and have entered it into our estimating system or had it approved by the necessary party. A revised estimate and/or payment of \$\_\_\_\_\_ will follow.

Payment will be sent directly to Princeton Auto Body.

Payment will be sent to the vehicle owner. File is COD

3.  Payment has been denied.

Claim Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This verification form needs to be received via fax or mail prior to vehicle release*

Thank you,  
Mark F. Pierson  
*ASE Master Collision Technician*