

**DC PROFESSIONAL PARTNERS LLC
DUKE CITY AUTO BODY
121 TENNESSEE ST. NE
ALBUQUERQUE, NM 87108
OFFICE# 505-916-1536
FAX# 206-339-4711**

**NAME: _____
EMAIL: _____
PHONE# _____**

DIRECTION OF PAYMENT

DATE: _____

**I, _____ HEREBY AUTHORIZE DIRECT PAYMENT FOR
REPAIRS ON MY BELOW MENTIONED VEHICLE TO BE MADE DIRECTLY
TO:**

**SHOP NAME- DC PROFESSIONAL PARTNERS LLC/DUKE CITY AUTO BODY
PHONE# 505-916-1536
FAX#206-339-4711**

YR _____ MAKE _____ MODEL _____

PLATE# _____ COLOR _____ VIN# _____

MILEAGE _____ INSURANCE CO. _____

CLAIM OR FILE# _____ ADJUSTER _____

DATE OF LOSS _____

VEHICLE OWNER SIGNATURE

**AN ETA WILL BE PROVIDED FOR ALL VEHICLES. PLEASE KNOW THAT THIS IS ONLY A TARGET DATE. OUR
COMPANY STRIVES FOR QUALITY WORK THEREFOR IF THERE ARE ANY DELAYS IN THE COMPLETION OF
YOUR VEHICLE WE WILL COMMUNICATE IT PROMPTLY. IF BUMPERS ARE BEING PAINTED, THERE WILL
NEVER BE AN EXACT COLOR MATCH. WE WILL ENSURE TO MATCH IT TO THE BEST OF OUR ABILITY
ACCORDING TO THE ADJOINING PANEL. THERE MAY HAVE BEEN PREVIOUS PAINT TO THE CAR THAT WE HAVE
NO CONTROL OVER.**

