

ATTN CLAIM REP: \_\_\_\_\_

FROM: **Rick Ponto**  
Ponto's Auto Service

FAX NUMBER: \_\_\_\_\_

Tel: (941) 747-1372

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

Fax: (941) 216-4827

## **DIRECTION TO PAY**

*I authorize the insurance company to send payments for repairs directly to  
Ponto's Auto Service, Inc.*

*I also understand this DTP is required so that my vehicle  
may be released upon completion of repairs.*

X \_\_\_\_\_  
*Signature of Vehicle Owner*

X \_\_\_\_\_  
*Date*

### CLAIM INFORMATION:

Insurance Co \_\_\_\_\_

Insured/Claimant \_\_\_\_\_

Claim# \_\_\_\_\_

### REPAIR SHOP INFORMATION:

#### Send Payment To:

Ponto's Auto Service, Inc.  
904 27<sup>th</sup> Avenue W  
Bradenton, FL 34205

Tax ID# 65-0012635

## **\*\*\*Attention Claim Rep\*\*\***

**VEHICLE WILL NOT BE RELEASED UNTIL DTP ACCEPTANCE IS RECEIVED BY SHOP**

*Please provide proof of DTP acceptance, in writing, by one of the following:*

**E-Mail:** Send Claim #, Insured's Name and "DTP accepted" to [Rick@pontosauto.com](mailto:Rick@pontosauto.com)

**PC Fax:** Send Claim #, Insured's Name and "DTP accepted" to (941) 216-4827

**Fax:** Sign below and fax this form to (941) 216-4827

X \_\_\_\_\_  
*Claim Rep Signature*

X \_\_\_\_\_  
*Date*