

DIAL ELECTRONICS

REPAIRS & RESTORATIONS

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PAYMENT AUTHORIZATION

Date: _____

This payment authorization is in conjunction with claim number: _____ against my policy number: _____. I, _____, hereby authorize my Insurance Company, _____, to make prompt direct payment to Dial Electronics, Inc. for products and services rendered.

X: _____ (Signature of Insured)

_____ (Print Name of Insured)

X: _____ (Signature of Insured)

_____ (Print Name of Insured)