



35 Tenean Street  
Dorchester, MA 02122  
Tel 617-825-1264  
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aceautobody@gmail.com

## COMPLETED WORK & PAYMENT AGREEMENT

DATE	NAME OF POLICY HOLDER	DATE OF ACCIDENT	POLICY NUMBER

### ACCEPTANCE OF REPAIR / PAYMENT OBLIGATIONS

All the damage to my automobile has been repaired in accordance with the repair appraisal. The repairs were completed to specification by **ACE AUTO BODY, 35 Tenean Street, Boston, MA 02122**. The undersigned policyholder does hereby promise to pay ACE AUTO BODY all amounts owed for such repairs, pursuant to the direction to pay below.

\_\_\_\_\_  
(Signature of Policyholder)

\_\_\_\_\_  
(Date)

### DIRECTION TO PAY / REPAIR SHOP LIEN

The undersigned policyholder does hereby direct the insurance carrier who wrote the above referenced policy to pay ACE AUTO BODY directly for the completed repairs acknowledged above. In the event ACE AUTO BODY does not receive such payment for any reason the undersigned does hereby promise to pay the amount owed for such repairs on demand. ACE AUTO BODY shall have a continuing lien in and upon the repaired automobile pursuant to G.L. c. 255, § 25, until payment for such repairs is received by ACE AUTO BODY.

\_\_\_\_\_  
(Signature of Policyholder)

\_\_\_\_\_  
(Date)


### REPAIR SHOP INFORMATION

MA RS #1022 EXP. 5-31-27

\_\_\_\_\_  
(Repair Shop Registration #)

042 305 865

\_\_\_\_\_  
(Tax Identification #)

  
(Authorized Signature)

MA. LIC. # 5697

\_\_\_\_\_  
(Appraiser License #)

A0810484D6119TIA04

\_\_\_\_\_  
(Liability Policy #)

\_\_\_\_\_  
(Date)