



**CART GUARD**  
— PROTECTION —

## CREDIT CARD PAYMENT CHECKLIST/ COVERSHEET

To ensure prompt and accurate payment, please fax this completed coversheet with all applicable items below to:

**EMAIL: [payment@axclaims.com](mailto:payment@axclaims.com)**

**FAX: 636-487-4148**

### **Fax Requirements:**

#### **Repair Order**

- Repair Facility Name, Address & Phone Number
- Complete VIN
- Vehicle's Current Mileage
- Customer's Name/Address

#### **Supplemental Invoices**

- Part Invoices -any part obtained from a supplier or dealer must have an invoice accompanying the repair order and must show the parts MSRP (or your cost, which will be marked up 30% but not to exceed MSRP)
- Any other outside vendor or supplier utilized to effect repairs will require invoices (if applicable)
- Towing Invoice (if applicable)
- Rental Invoice (if applicable) -Final Signed Computer Generated Invoice

#### **All documentation submitted is required to be:**

- Legible (Printed)
- Itemized (Parts and Labor)
- Signed by the Customer (where applicable)

### **THIS SECTION TO BE COMPLETED BY REPAIR FACILITY (ALL FIELDS REQUIRED)**

Authorization Number(s): \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Dedicated Return FAX Number: \_\_\_\_\_

Cashier or Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**IF YOU ARE SUBMITTING A SUPPLEMENT, ALL DOCUMENTS MUST BE RESENT.**





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## **CONTACT CLAIMS**

### **PHONE**

844.252.0937

### **EMAIL**

payments@axclaims.com

### **FAX**

636.487.4148

### **HOURS**

M-F 7:00AM-5:00PM CST  
SAT 8:00AM-3:00PM CST

### **MAILING ADDRESS**

1 Progress Point Pkwy, Suite 101  
O'Fallon, MO 63368



## **CLAIMS PROCESS**

- 1. Contact Claims Department at 844.252.0937**
- 2. Provide: Customer Name/Contract Number/Last 6 of VIN**