

**Fax Numbers:**

Hammonton: (609) 704-9780

Parsippany: (973) 984-9744

West Trenton: (609) 883-8802

**INITIAL & SUPPLEMENT CERTIFICATE OF SATISFACTION AND PAYMENT AUTHORIZATION**

INSURED/CLAIMANT: \_\_\_\_\_

CLAIM NUMBER: \_\_\_\_\_

GROSS REPAIR AMOUNT: \_\_\_\_\_

AMOUNT DUE FROM NJM: \_\_\_\_\_

AMOUNT DUE FROM CUSTOMER: \_\_\_\_\_

**CERTIFICATE OF SATISFACTION AND PAYMENT AUTHORIZATION**  
(To be signed when payment is to be made to repair facility)

I (we) certify that the damage has been repaired or replaced to my (our) satisfaction and request and direct that payment of the net claim be made to:

**Robbie's Collision Specialists 222485086/003**

SHOP NAME & TAX I.D. NUMBER

DATE COMPLETED

DATE DELIVERED

INSURED/CLAIMANT