



1413 Grace Road
Swarthmore, PA 19081
610-338-0944 ph
610-544-2011 fax
866-648-7695 toll free

PAYMENT AUTHORIZATION

Date: _____

I, _____, hereby authorize my Insurance Company,
_____, to make prompt, direct payment to STS Equipment
Restoration for products and services rendered.

It is fully understood that the Property Owner is personally responsible for any
and all deductibles, depreciation or any charges not covered by insurance.

This authorization is in conjunction with claim number: _____
against my policy number: _____.

X: _____ (Signature of Insured)

_____ (Print Name of Insured)

X: _____ (Signature of Insured)

_____ (Print Name of Insured)