

Ref By			
Delivered			
Billed			
Process Store			

## The Greener Dry Cleaner

## **CLAIM FORM**

		DATE				
INSURER'S NAME	2	PHONE				
		WORK PHONE				
		CELL PHONE				
ADDRESS						
INSURANCE COMPANY _						
POLICY NUMBER						
CLAIM NUMBER						
ADJUSTER						
ADDRESS						
PHONE	CELL	FAX				
DESCRIPTION OF WORK PERFORMED						
	Tax ID 01-0281106	AMOUNT \$				
AUTHORIZATION AND ASSIGNMENT TO PAY BENEFITS						
Insured hereby irrevocably assigns, authorizes and empowers insurer to pay said sum to Gold Star Cleaners direct. Insured is responsible for payment to Gold Star Cleaners in the event the insurer does not pay Gold Star Cleaners Directly.						
BY						
		INSURED				