



Ref By _____
Delivered _____
Billed _____
Process Store _____

CLAIM FORM

DATE _____

INSURER'S NAME _____ PHONE _____

WORK PHONE _____

CELL PHONE _____

ADDRESS _____

INSURANCE COMPANY _____

POLICY NUMBER _____

CLAIM NUMBER _____

ADJUSTER _____

ADDRESS _____

PHONE _____ CELL _____ FAX _____

DESCRIPTION OF WORK PERFORMED

AMOUNT \$ _____

AUTHORIZATION TO PAY

Insured hereby request, authorizes and empowers insurer to pay said sum to Gold Star Cleaners direct. Customer is responsible for payment to Gold Star Cleaners in the event the insurance company does not pay Gold Star Cleaners Directly.

BY _____
INSURED