



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

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

200 WILSON STREET – BOX 757 – BREWER, MAINE 04412 – (207) 989-5170
UNIVERSITY MALL, ORONO, MAINE 04473 (207) 827-3349
ELLSWORTH TRIANGLE, ELLSWORTH, MAINE 04645 (207) 667-3551
520 MAIN STREET, BUCKSPORT, MAINE 04416 (207) 469-6804
TRIANGLE PLAZA, ROUTE 2, NEWPORT, MAINE 04953 (207) 368-4714
226 UNION STREET, BANGOR, MAINE 04401 (207) 942-8400
BREWER SHOPPING CENTER, BREWER, MAINE 04412 (207) 989-8680
506 STILLWATER AVE. OLD TOWN, MAINE 04468 (207) 827-6876
CORNER OF MAIN & DEPOT, LINCOLN, MAINE 04457 (207) 794-2228