

ACCESS & AUTHORIZATION

Owner or Company Name:	Telephone:
Property Address:	
Adjuster:	Insurance Co.:
Address:	
Claim / Policy No.:	Telephone:

I/We hereby give access to the property above and authorization to , for the purpose of making the necessary repairs to the above mentioned property, as a result of . To the best of my knowledge; This property was constructed in the year .

I/We hereby irrevocably direct my/our Insurer to include the name , as the payee on any check or draft issued in payment of said insurance claim with regards to the building or contents repair, and to send that check directly to .

I/We hereby acknowledge that I/We am/are responsible for payment to of any and all shortfalls in payment from the Insurance Company and/or any authorized extras including the deductible in the amount of , GST (if applicable) and any depreciation (if applicable).

REPAIRS WILL BE COMMENCED UPON RECEIPT OF THE ABOVE SIGNED ACCESS AND AUTHORIZATION FORM.

TERM OF SALE: The account is due and payable in full 15 days of the receipt of this billing or otherwise in accordance with the terms and conditions set forth herein. All defects shall be reported in writing to The Company no later than seven (7) days from the date of completion. No transfers, renewals, extensions, or assignments. Nor any loss of injury or destruction of merchandise delivered shall release purchaser from the obligation hereof, and no oral representations. Warranties, or agreement, unless in writing and set forth in this sales order shall be binding upon the seller herein. The Company is to be held harmless and not responsible for any damages to appliances furniture, structure, and future damages during restoration or remediation
COLLECTION: Payments received after 30 days are subject to a penalty of 1 1/2% per month. If this account is placed for collection, because of delinquency or otherwise, all fees and costs, including a reasonable attorney's fees, and court costs, shall be paid and discharged by the purchaser in addition to the full amount due herein together. The Client also authorizes The Company to supply information regarding this claim to The Client's insurance company and to make a full report of all work done by The Company.

By authorizing this contract, The Client allows the Company to disinfectant, antisepticise, cleanse, decontaminate, deodorize, fumigate, purify, sanitize, and sterilize any of the premises. The Client understands that it is beyond the expertise of The Company to determine if someone is sensitive to their application and will hold The Company harmless for their use.

The Client has read the above and understands that this form constitutes a contract for services performed. Should it be necessary to institute legal proceedings to enforce collection of this company, the prevailing party shall be entitled to reasonable attorney fees.

DATED:

OWNER or COMPANY: