



WATER FIRE MOLD STORM
 360 Cleveland Place, Virginia Beach, VA 23462
 (Phone) 757.490.1966 (Fax) 757.456-9837
 www.unitedrestoration.org

**24 HOUR
 EMERGENCY RESPONSE**

Power to Restore. People Who Care.

Virginia Class A Contractor's License #2705 059786A

Toll Free (866) 599-8057



WORK AUTHORIZATION – REPAIRS

SERVICE TYPE: REPAIRS

Customer: _____ Insurance Company: _____

Address: _____ Adjuster: _____

_____ Claim #: _____ Deductible: \$ _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

I hereby authorize UNITED RESTORATION, INC. (herein referred to as "URI") to perform repairs at the above address. If applicable, I authorize URI to remove necessary items for storage and/or restoration. I agree to forward all insurance payments to URI within five (5) days of job completion.

It is fully understood that I am personally responsible for any and all deductibles, depreciation, and any other charges or costs not covered by insurance, and I agree to pay URI directly for any amount not covered by insurance. _____ (Initials)

The liability of URI is expressly limited to the total amount of the services authorized herein and in no event shall URI, its agents or assigns, be liable for consequential damages of any kind. In the event that legal proceedings must be instituted to recover any due amounts, URI shall be entitled to recover the cost of collection including collection fees, accrued finance charges, and reasonable attorney's fees.

It is also fully understood that a finance charge of 24% per annum or 2% per month (minimum of \$10.00) will be applied to any unpaid balance after fifteen (15) days of the invoice date and that a \$50.00 insufficient funds (NSF) fee will be applied to any unpaid account balance in the event any check or payment is returned.

Additional Terms (if applicable): _____

CANCELLATIONS: All cancellation rights and requests of property owner must be disclosed to URI in writing.

BY SIGNING AND DATING THIS CONTRACT, I AUTHORIZE URI TO BEGIN REPAIRS. I UNDERSTAND THAT I AM LIABLE TO URI FOR ANY AND ALL OWED AMOUNTS PAID OR NOT PAID BY THE INSURANCE COMPANY. I UNDERSTAND THAT THIS CONTRACT IS BETWEEN URI AND MYSELF/HOMEOWNER/PROPERTY OWNER/AGENT, NOT URI AND MY INSURANCE COMPANY. I ALSO UNDERSTAND THAT IN THE EVENT I WISH TO CANCEL ANY WORK OR SERVICES AT ANY TIME, I AM FULLY LIABLE FOR PAYMENT OF ANY SERVICES RENDERED OR WORK PERFORMED PRIOR TO RECEIPT OF A WRITTEN CANCELLATION NOTICE.

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS SET FORTH IN THE ABOVE AUTHORIZATION CONTRACT.

Signature: _____ Date: _____
 (Insured and/or Acting Agent)

Signature: _____ Date: _____
 (United Representative)

DEDUCTIBLE MUST BE PAID IN FULL PRIOR TO COMMENCEMENT OF REPAIRS.

Deductible Paid With: Check #: _____ or Credit Card #: _____

Amount Paid: \$ _____ Exp. Date: ____/____/____ 3-Digit Sec. Code: _____

Signature Authorizing Credit Card Payment: _____

Date: _____ Printed Name: _____