



Statewide Restoration Services
 318 S.Dobson Rd. Suite # 117
 Mesa, AZ 85202
 480-999-3016 | PH
 480-999-3014 | Fax
www.srspros.com

Contractor Agreement/Payment Authorization

Type of Job: _____

Homeowner/Tenant Name: _____ Policy Holder/Insured Name: _____

Site of Work Address: _____ Insurance Company: _____

City/ State/ Zip: _____ Claim #: _____

Insured Address (if diff. from above): _____ Claim Adjuster: _____

City/ State/ Zip: _____ Adjuster Phone #: _____

Insured Phone #: _____ Adjuster Fax #: _____

Alternate Phone #: _____ Adjuster E-Mail: _____

Insured's E-Mail: _____ Year Built: _____
(test results, copies of invoices & paid invoice receipts will be sent by email)

Scope of Work:

Owner/Owner's Agent, hereinafter referred to as **CUSTOMER** authorizes Statewide Restoration Services LLC., hereinafter referred to as **SRS**, it's employees and it's representatives to access my property, furnish materials, supply all equipment and perform all labor necessary to complete services defined in the section below. **CUSTOMER** agrees that he/she will not enter into any contract with another service provider which would in any way prevent or preclude **SRS** from performing the contracted services. If **CUSTOMER** does wish to cancel services after the signing of this contract, **CUSTOMER** will immediately pay **SRS** 25% of the approved estimate price. _____ (Initial)

Customer to initial ALL services that apply:

Environmental Testing (Collection of samples by **SRS** and Analysis of affected materials by 3rd party lab) _____

Asbestos/Lead Abatement (Removal of affected building materials) _____

Contents Services (Inventory, Packing, Transport and Delivery of household items) _____

Contact with Insurance:

CUSTOMER authorizes **SRS** to contact their insurance provider to obtain payment for the services provided by contractor and any information pertaining to claim, not limited to phone calls, e-mails, faxes and any other way of communication the contractor feels appropriate.

Authorization to Pay:

CUSTOMER authorizes and instructs direct payment to be made to **SRS** or to include **SRS** on any settlement check issued to me by my insurance company upon completion of work. **CUSTOMER** understands this authorization extends solely for the services provided by **SRS**. Should **CUSTOMER** receive payment directly for the services performed by **SRS**, upon receipt, they will immediately pay **SRS** the balance due in full. **CUSTOMER** further agrees that if any bill for service is not paid when due, then all of the principal and interest (18%) shall at the election of Statewide Restoration Services be turned over to a third party for collection and **CUSTOMER** will be liable to pay all the collection cost including attorney fees. _____ (Initial)

AGREED:

DATE: _____

Contractor Printed Name

Contractor Signature

DATE: _____

Customer Printed Name

Customer Signature