

**AUTHORIZATION TO PERFORM SERVICES and
DIRECTION OF PAYMENT**



The undersigned client, being the building owner, owner's representative, or resident, authorizes the Provider Identified below to perform any and all necessary cleaning and/or restoration services on Client's property located at the property address below, and with respect to items that need to be cleaned at a remote location to remove and clean such items as necessary.

Client authorizes Insurance _____ Company, herein referred to as "Insurance Company," to pay Provider solely and directly for that portion of the work covered by Client's insurance policy.

If, for any reason, Client receives a check from Insurance Company made payable to Client, Client agrees to pay Provider Immediately upon receipt of the check in order to expedite payment to Provider. Client hereby appoints Provider as attorney-in-fact authorizing Provider to endorse Client's name on Insurance Company checks or drafts, and to deposit Insurance Company checks or drafts for Provider services.

Client agrees to pay Clients deductible In the amount of \$_____ that applies to this claim, If any amounts owing to Provider for Provider services are not covered by Insurance. Client agrees to pay those amounts to Provider within fifteen (15) days of Client's receipt of invoice. It is fully understood that Client and its agents, successors. assigns and heirs are personally responsible for any and all deductibles and any costs not covered by insurance Interest and finance charges will be charged at the maximum allowable by law, or at 1.5% per month, whichever is less, on accounts over thirty (30) days past due. Time is of the essence,

Client agrees that Provider is working for the Client and not Client's Insurance Company or any agent/adjuster,

Remarks' _____

Property Owned by: _____

I have read this Authorization to Perform Services and Direction of Payment, including the Terms and conditions of Service on the reverse side hereof, and agree to same.

Client's Signature _____ Date _____ Provider's Signature _____ Date _____

Printed Name _____ Company Legal Name _____

Address _____ () Corporation, () LLC, () Partnership, () LLP. () Sole Proprietorship d/b/a CEILINGPRO of _____

CEILINGPRO is independently owned and operated.