

Third Party Work Authorization

This authorization is made this _____ day of _____, 19____ by and between **YOUR COMPANY NAME (Y.C.N.)** hereinafter referred to as **(Y.C.N.)**, and **PROPERTY OWNER/CLAIMANT** presently residing at **PROPERTY OWNER/CLAIMANT'S BILLING ADDRESS** herein after referred to as **CUSTOMER**.

The **CUSTOMER** authorizes **Y.C.N.** to proceed with its recommended procedures to preserve, protect and secure from further damage the property located at **LOSS ADDRESS OR SAME AS ABOVE, IF APPLICABLE** and with the understanding that **NAME OF LIABLE THIRD PARTY** is hereby responsible for all services and charges to be performed by **Y.C.N.**, as authorized by **NAME OF PERSON REPRESENTING THIRD PARTY**, and the **CUSTOMER** further authorizes and directs **NAME OF LIABLE/ THIRD PARTY** to pay **Y.C.N.** direct.

It is fully understood that the **CUSTOMER** is personally responsible for and all charges, deductible, and depreciation not covered by **NAME OF LIABLE THIRD PARTY**. Any exceptions must be approved by **Y.C.N.** General Manager. The liability of **Y.C.N.** is expressly limited to the total amount of the services authorized herein and in no event shall **Y.C.N.** its agents or assigns, be liable for consequential damages of any kind. **Y.C.N.** shall not be responsible for and mysterious disappearances of any personal property or contents. In the event any legal proceedings must be instituted **Y.C.N.** shall be entitled to recover the cost of collection including reasonable attorney's fees. All charges and costs are due upon completion of work. Late charges of 1.5% per month (minimum of \$1.00) will be charged on any unpaid balance after thirty (30) days.

Executed at **NAME OF COUNTY, STATE** on the day and year first above written.

Authorized Signature: _____
(Claimant or Acting Agent)

Print Name: _____

Title: **PROPERTY OWNER/CLAIMANT** _____

Policy/Claim #: _____

Purchase Order #: **IF APPLICABLE** _____

Our File #: **YOUR JOB NUMBER** _____

YOUR COMPANY NAME

REPRESENTATIVE OF YOUR FIRM

Title: _____

Signature of: **NAME OF PERSON FROM THIRD PARTY**

Representative: **THEIR SIGNATURE IF AVAILABLE**

Notes About the Third Party Work Authorization

1. Be sure to retain the original.
2. Issue a copy to signing party (claimant) and third party representative (if applicable).
3. Send a copy to liable/third party with your invoice if they did not receive one at the job site.
4. Highlight “Direction of Payment Clause” below.
5. Note on your invoice:

WE REQUEST DIRECT PAYMENT AS ASSIGNED BY THE CLAIMANT