

Company Information Goes Here
Address
City State & Zip

I/We here by authorize (your company name) to undertake any and all work required to clean and/or restore the building, carpets, furniture and other contents with the premises located at

I/We expressly authorize payment directly to (your company name) for the benefits provided under my insurance policy. I/we understand that I/we am/are personally /jointly responsible for all invoiced charges not covered or reimbursed by insurance. I/We also agree that any fees for any collection process required for non-payment of the balance of invoiced work, including reasonable attorney's fees, costs and expenses, shall be paid to (your company name), Inc. in addition to the 1.5% monthly finance charge applicable thirty (30) days after date of invoice.

NOTICE TO OWNER

Every Attempt will be made to locate all of the effected areas. Due to the nature of the damage, it is impossible to determine if all of the damaged areas will be discovered. Additional services to remediate any hidden damage are not included. The term "clean" is relating to a task, such as wash, rinse and dry. All cleaning is done within normal industry standards. Due to the nature and variety of surfaces and soils, specific results will vary.

Certain molds, whether toxic or non-toxic are considered to be a health hazard.

Prior to our performance of any services, you should employ, at your expense, a qualified Certified Industrial Hygienist or an Indoor Environmental Specialist with a background in Mycology to determine the exact extent of the infestation of any mold. Once we have completed our services and if verification of results is necessary, we recommend that you employ a qualified Certified Industrial Hygienist to perform clearance testing. The cost for any testing is not included and any additional work that may be required to meet clearance will be at an additional charge.

I/we authorize the use of/or application of products (your company name) deems necessary to complete the cleaning and/or remediation project. The authorization includes the use of cleaning products, disinfectant and deodorants. SDS sheets are available at your request for any products used on the job. Application of a disinfectant or deodorant does not imply a warrantee of odor or bacterial control.

YOU AGREE TO FOREVER RELEASE, WAIVE, HOLD HARMLESS, AND DISCHARGE (YOUR COMPANY NAME), INC., ITS OFFICERS, AGENTS, AND OWNERS FROM ANY AND ALL LIABILITY TO YOU, YOUR LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY AND ALL CLAIMS ARISING FROM ANY DAMAGE, INJURY, OR EFFECT RELATED TO OR CAUSED BY MOLD AND/OR THE NEGLIGENCE OF (YOUR COMPANY NAME), ITS OFFICERS OR AGENTS.

Date

Owner/Assignor