



WORK AUTHORIZATION/ PAYMENT TERMS

Customer/Responsible Party _____ **Date:** _____

Project Address: _____

Mailing/Billing Address: _____

Phone Number: _____ **Email:** _____

We the undersigned, hereby retain and hire **Pro Environmental Services**, hereinafter **(PES)**, to perform the services as requested by us, or as specified in their proposal/scope of work, to the property we own, control or lease, and for which we have the right and power to contract for such services.

We accept the payment / terms listed below and understand that we are responsible for any collection fees or court costs to recover these funds. We acknowledge that it is our responsibility to work with the insurance company, if applicable, for loss payment under the terms of our insurance policy. We authorize the insurance company to name as loss payee **(PES)**, for the portion of their work covered in our insurance policy. If our name is on the check we authorize **(PES)** to endorse the check on our behalf and apply those funds to our bill. We understand that if in default interest will accrue at 1 1/2% per month for all funds not collected within the first 30 days of completion.

IMPORTANT NOTICE: **(PES)** shall not be held liable for any unseen, hidden or non-disclosed damages or liabilities both structurally and personally. **(PES)** shall not be held liable for any potential, pre-existing cross contamination, moisture intrusion or hidden microbial growth. **(PES)** shall not be held liable for the reoccurrence of moisture or environmental conditions that could create conditions conducive to microbial growth. If hidden damage expands the amount of, or the scope of work, the responsible party will be notified as soon as possible to discuss protocol or resolution.

(PES) may use an EPA registered antimicrobial agent that aids in inhibiting mold and bacteria.

() I authorize the use of an antimicrobial agent.

Initial

TERMS: _____

Deposit/draw: _____ **PROJECT TYPE:** _____

Owner or Authorized Agent _____ *Print*

_____ *Sign* _____ *Date*

(PES) Technician or Representative _____ *Print*

_____ *Sign* _____ *Date*