

KAUAI CARPET CLEANERS Inc

3595 Kaweonui Rd

Princeville, HI 86722

(Tel) 808 826-1707----650-475-5617 (Fax)

kauaicc@hotmail.com www.kauaicarpetcleaners.com

Client:	Insurance Company:
Address:	Agent:
City:	Adjuster:
State:Zip:	Policy #:
Home Phone #:	Claim #:
Business Phone #:	Deductible:
Date of Loss: Invoice	Type of Loss: Water Damage

WORK ORDER AGREEMENT TO PERFORM EMERGENCY SERVICES AND/OR REPAIRS AND DIRECT PAY AUTHORIZATION

This agreement is made between **Client** (hereinafter referred to as The Client) and **Kauai Carpet Cleaners Inc.** (hereinafter referred to as The Contractor). The Client has suffered a sudden and unexpected loss to property due to water damage.

The Client hereby authorizes The Contractor to perform the following services to mitigate the loss and/or maintain a suitable living condition and/or comfort level:

The Client certifies that the damaged property has the appropriate insurance coverage to cover this loss and that The Client is responsible for payment of any deductible as well as any charges on the final billing for this service not covered by The Client's insurance policy or not paid by The Client's insurance company for any reason.

The Client further authorizes and instructs The Client's insurance company to pay directly to The Contractor the amount shown on the final billing for work done by The Contractor in connection with this claim. The Client also understands that the insurance company is billed as a courtesy and convenience to The Client. Should The Client's Insurance Company fail to honor this agreement, The Client will pay the Contractor any balance due from The Client's personal funds on the tenth (10th) calendar day from the date of this agreement

It is The Client's complete understanding that The Contractor is working for The Client and not The Client's insurance company. Therefore, it is understood that The Client is ultimately responsible to The Contractor for payment of said services.

The Client also authorizes The Contractor to supply information regarding this claim to The Client's insurance company and to make a full report of all work done by The Contractor.

The Client has read the above and understands that this form, constitutes a contract for services performed. Should it become necessary to institute legal proceedings to enforce collection of this contract, the prevailing party shall be entitled to reasonable attorney fees.

WORK ORDERED BY:

CONTRACTOR **Kauai Carpet Cleaners Inc / Carl Hoglund**

Signature _____ Date _____

REPRESENTATIVE/OWNER

Signature _____ Date _____