



Atlantic Restoration & Remodeling Group LLC

Insurance Restoration and Remodeling Services for your Home and Office Needs
Emergency Services 24 Hours a Day/7 Days a Week
844-DRY-OUTT

Restoration & Remodeling Group

Work Authorization /Direction of Payment Form

Job/Customer Name: _____ Date of Loss: _____ Type of Loss _____

Loss Location: _____

City: _____ State: _____ Zip: _____ Contact# _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____ Contact# _____

Insurance Company: _____ Claim #(if applicable) _____

The property owner, representative of the owner or resident authorizes **Atlantic Restoration & Remodeling Group LLC**, to perform any and all necessary cleaning, construction, or restoration services to the property or personal property located at the property indicated above. This would include any Emergency services including but not limited to board ups, water extraction, or pack outs.

The customer authorizes _____ Insurance Company, to pay **Atlantic Restoration & Remodeling Group LLC** directly for any and all work completed. If, the customer receives payment from the said Insurance Company made payable directly to the customer, the customer agrees to issue payment to **Atlantic Restoration Company LLC** immediately upon receipt.

In the event work performed is covered by an insurance claim, the customer agrees to pay any applicable deductible that may apply to the claim. Deductible amount which applies to the current job is \$ _____. If any dollar amounts due to **Atlantic Restoration & Remodeling Group LLC** for services rendered are not covered by the said Insurance Company, the customer agrees to pay those amounts to the provider within 15 days of the customer's receipt of payment. It is understood that the customer and its agents, successors, assigns and heirs are personally responsible for any and all deductibles and any costs associated with job whether or not covered by said Insurance Company. Interest fees and finance charges will be charged at 1.5%.

I have read this document and understand all indicated in its contents. I, the customer, agree to this authorization and direction of payment.

Customer Signature: _____ Date: ____/____/____

Customer Printed Name: _____

Authorized Signature: _____ Atlantic Restoration & Remodeling Group LLC

CT License #0632107

EIN #45-3614390