



**AUTHORIZATION FOR REPAIRS
AND PAYMENT**

41 Greenkill Ave Kingston, NY 12401

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(845)-202-3481

PROPERTY INFORMATION

Property Owner: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Phone: Home Mobile _____ Email: _____

INSURANCE INFORMATION

Insurance Company: _____ Deductible: \$ _____

Adjuster Name: _____ Office Number: _____ Ext: _____

Mobile: _____ Email: _____

Policy Number: _____ Claim Number: _____

The undersigned _____, hereinafter referred to as **Property Owner**, authorizes **HOMEMASTER, LLC**, hereinafter referred to as **HOMEMASTER**, to proceed with emergency cleaning and/or restoration services required to restore the above-listed property and/or contents from damage caused.

By _____ on this date of _____

Completion of Work: The total cost of cleaning and/or repairs shall be payable upon completion of the work and **hereby authorize and instruct that direct payment** be made to **HOMEMASTER**.

Deductible: The **Property owner** is liable and understands that the property owner's insurance company does not cover payment of any deductible and for all charges.

Emergency Services: to prevent additional damage to the property and/or contents of the property that may include cleaning, drying, repair, resurfacing, refinishing, and/or replacement of property materials and contents.

Restoration Services: to prevent additional damage to the property and/or contents of the property that may include cleaning, drying, repair, resurfacing, refinishing, and/or replacement of property materials and contents.

Pre-loss Condition: **HOMEMASTER** will aim to restore your property to its pre-loss condition. While every effort will be made, inherent wear and tear, age, and previous repairs may affect the outcome. Therefore, **HOMEMASTER** does not warrant or guarantee that the restoration will result in an exact replication of the original pre-loss condition.

Inventory of Items: **HOMEMASTER** is hereby authorized to move any restored contents and items to a remote location. Before items are transferred, the **Property Owner** will be given notice and the opportunity to accept the inventory count and description .

I, the **Property Owner**, agree that any fees for attorneys or any collection process required for non-payment of the balance of the invoice on the unpaid balance of said invoice. I also authorize **HOMEMASTER, LLC**, to supply information regarding this claim to my insurance company and to make a full report of all work done by **HOMEMASTER, LLC**.

Date: _____ Arrival Time: _____ Other: _____

Property Owner Signature

HOMEMASTER, LLC Representative Signature

I certify that I have read the above statements, I am authorized to sign this **CERTIFICATE OF COMPLETION AND SATISFACTION**, that the above statements are true and correct to the best of knowledge and belief and that my signature typed constitutes my signature.