



El Paso Restoration Inc.  
 8420 El Camino Real  
 Suite B  
 Atascadero CA 93422

## Rebuild Authorization Form

I \_\_\_\_\_, (“Owner”) hereby authorizes El Paso Restoration Inc. to mobilize and complete the necessary work to restore, rebuild, clean, and/or deodorize the building structure and/or contents and/or to provide emergency services as

authorized by owner and/or insurance representative relating to the loss or work. The person signing below represents that they have the authority to do so on owner’s behalf. Owner agrees to pay El Paso Restoration Inc. for all labor, materials, and equipment utilized to mobilize, demobilize, and perform the work with pricing as outlined below.

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Lump Sum Amount of: (\$ \_\_\_\_\_), per Estimate or Proposal dated, \_\_\_\_\_  
 Down Payment: \_\_\_\_\_

Contractual Addendums: \_\_\_\_\_

If a Lump Sum amount is not inserted above, Owner understands and agrees that a Price will be determined at a later date, and will be determined by El Paso Restoration Inc. Time, Equipment, & Materials and/or independent pricing set for insurance restoration purposes by Xactimate.

Owner agrees to make payment directly to El Paso Restoration Inc. for the work and for any deductible, depreciation, or amounts not covered by insurance for this work. Owner agrees to remove cash, jewelry, firearms, collectibles, or any valuable items prior to work start. Owner acknowledges the understanding and agreement to all terms and conditions on reverse side.

Owner Requests that all payments pertaining to El Paso Restoration Inc. work be paid directly to El Paso Restoration Inc. by Owner’s insurance provider, and to add El Paso Restoration Inc. as additional payee on all claim payments. To the extent this does not occur, Owner assigns the insurance proceeds, to the extent they are on account of El Paso Restoration Inc. work, to El Paso Restoration Inc.

PAYMENT TERMS: 50% Down Payment at time of contract, with progress invoices submitted per work complete, all payments due per Invoice & Payment Method on reverse.

(Down payment covers mobilization, overhead, supervision, scheduling, materials, permits, and other initial costs)

Sign: \_\_\_\_\_ Sign: \_\_\_\_\_

# El Paso Restoration Rebuild Authorization Form (Cont'd)

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Claim Rep: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Deductible: \_\_\_\_\_

