



Disaster Restoration Services

ServiceMaster by Disaster Associates, Inc. 100 Maple Street, Bldg. A Stoneham, MA 02180 1-781-438-6033 1-800-649-6369 1-800-82-FLOOD Fax: 1-781-438-4801



Customer Name: _____

Address: _____

City: _____ Phone: _____

Service Location if different: _____

Insurance Company: _____

Adjuster: _____

Authorization and Payment Assignment

I authorize ServiceMaster Disaster Associates Inc. to provide services to the above referenced location;

I AUTHORIZE my Insurance Company to make a direct payment to ServiceMaster Disaster Associates Inc. for work performed or to include the name of ServiceMaster Disaster Associates Inc. on any check or draft for the work performed;

I understand that I shall be responsible for any amount that the Insurance Company does not pay, including the deductible;

I agree to pay ServiceMaster Disaster Associates Inc.'s invoice in full within thirty (30) days. Should payment not be made within thirty days, I agree to pay any and all reasonable cost of collection including attorney's fees; any unpaid balance shall be subject to a 1.5% finance charge at eighteen percent (18%) per month until the balance has been paid;

PAYMENT ASSIGNMENT

In exchange for receiving services from ServiceMaster Disaster Associates Inc., I assign over to them that portion of my insurance recovery necessary to satisfy payment of their invoice for services _____ (initials).

Date _____

Authorized Signature _____

Print Name _____

Thank you for the opportunity to be of service to you!

