



Client / Insured Information

Contact : _____

Address : _____

Contact's Phone No. : _____ Contact's Mobile No. : _____

Type Of Engagement Undertaken : Direct Engagement With Antillia Emergency Network Pty Ltd

Account : _____

Appointment Information

Job Category : _____ Work Order No. : _____

Appointment No. : _____ Client Work Order No. : _____

Insurance Excess Management (where applicable)

Insurance Excess Collected? : _____ Excess Amount Collected : _____

Engagement Agreement

Direct Engagement - I/we are authorised to engage Antillia Emergency Network Pty Ltd (AEN) to perform cleaning and/or restoration services at the above service address. I/we understand that AEN is working directly for me/the company I am authorised to represent and not the insurance company or any independent adjuster or other agent. It is expressly agreed and understood that I/ the company I represent will be responsible for the payment of services rendered by AEN and accept that payment terms are 7 days from date of invoice. I/we fully understand and accept that, if payment is not made within 7 days from invoice date, I/the company I represent will be liable for any debt collection commission, fees & charges incurred by AEN in their endeavours to collect money owed to them by me/the company I represent. **I have read and fully understand this authorisation. I have signed this agreement freely and without duress in acceptance of the terms and conditions within this form.**

Third Party Engagement - I/we authorise Antillia Emergency Network Pty Ltd (AEN) to commence work as instructed by our Assessor/ Insurer/Loss Adjuster/Broker, as outlined in the Account field in this agreement at the above mentioned address. I/We have made a claim via our Insurer/Broker and agree to pay AEN any policy excess before commencement of work on site (only where applicable). I/we authorise AEN to forward all invoices relating to this claim to our Insurer/Broker/Loss Adjuster for full and final payment. I/We agree that if AEN has been requested to carry out mitigation and/or restoration works that are subsequently not covered by our Insurer/Insurance Assessor /Loss Adjuster or Broker, I/we agree to pay the full and final invoice to Antillia Emergency Network as per the terms set out in the Direct Engagement Agreement outlined above. In the event any payment/settlement is forwarded directly to me, I accept that any outstanding monies owed to AEN will be paid in full within 7 working days from the date of invoice. **I have read and fully understand this authorisation. I have signed this agreement freely and without duress in acceptance of the terms and conditions within this form.**

Client Signature

Signature : _____ Signed By : _____

Date : _____ Type : Client