ALL CLAIMS Repairs, Inc. 426 S.W. 12th Avenue • Deerfield Beach, Florida 33442 Phone # (954) 456-6060

CGC # 1517916

MRSR # 299

WORK AUTHORIZATION, CONTRACT AND DIRECTION OF PAYMENT

CUSTOMER/OWNER'S NAME: KENNEDY ,DEANNA	CONTACT;			
MAILING ADDRESS: 28800 HIGHWAY 444	_ JOB LOCAT			
SPRINGFIELD, LA, 70462				
PHONE # (H) (W)		(C)		
E-MAIL ADDRESS:	_ MORTGAG	E HOLDER:		
INSURANCE COMPANY:	_ LOAN NO.:.			
POLICY NO.:	_ CLAIM NO.:			
INSURANCE ADJUSTER:	_ PHONE NO			
E-MAIL ADDRESS:	_			
DRAW SCHEDULE: 1 st @	1.0	, 3 rd @	1.11	
I, the undersigned, (hereinafter referred to as "CUSTOMER") here (hereinafter referred to as "CONTRACTOR") to repair the damages of in accordance with the Contractor's estimate. Contractor	caused to the a	above described proper erform all work in a wo	ty byor rkmanlike manner and to	
restore the property damaged as a result of said loss to a condition s loss. Customer agrees to permit Contractor to vary the techniques, pro- the techniques shall not change the contract price. I acknowledge that that payments for property damage made by my insurance company v my insurance company to include the Contractor's name on all paymen	vided that it doe t Contractor is vill be designat	es not affect the quality on not employed by my inseed as payment to the C	of the repairs. A change in surance company. I agree contractor, I (we) authorize	
THIS CONTRACT IS SUBJECT TO THE TERMS AND CONDITION UNDERSIGNED CUSTOMER ACKNOWLEDGES THAT HE OR SHE THE REVERSE SIDE OF THIS AGREEMENT AND AGREES TO BE BE	HAS READ TH	HE TERMS AND COND		
IN WITNESS WHEREOF; the undersigned have set their hands and se	als, this	day of	20	
CUSTOMER'S NAME:	ALL CLAIMS	S REPAIRS, INC.		
(Please Print):				
Owner:	Ву:		_ Date:	
Co-Owner: fine Rose				
Signature:				