



HOME IMPROVEMENT CONTRACT

Eco Solar Home Improvement, LLC 2465 Whittier Blvd - Suite 201, Montebello 90640

Office Phone: 323-736-1949 www.Ecosolarhomeimprovement.com



FORMA DE CONSENTIMIENTO

YO,	reconozco que firme el				
acuerdo con a través de ECO SOLAR HON					
	irmar dicho contracto debo tener acceso a				
internet. Entiendo que es muy ir	nportante que revise mi correo electrónico ya				
que pueden enviarm	e información sobre mi proyecto.				
Confirmo que he firmado este a	acuerdo utilizando el internet y computadora				
del sigu	iente representante:				
La dirección del correo elec	ctrónico que he proporcionado para esta				
comunic	ación es el siguiente:				
	E-mail:				
Nombre del cliente:					
Fecha	//				
Firma del cliente:					
Nicockus dal usono sontrota.					
Nombre dei representante:					
	_//				
Firma del representante:					

FORM OF CONSENT

agreement with ______ acknowledge that you sign the through ECO SOLAR HOME IMPROVEMENT, LLC. To sign this continue internet. I understand that it is very important that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet. I understand that it is very important through ECO SOLAR HOME internet.



PROOF OF WITNESS

This document is in reference to a contract agreement date//
The purpose of this document is to ensure the customer's capability of signing and that he/she was accompanied with a relative or acquaintance during the contract signing process. Please note that document is presented to save as a proof of witness, and does not intend to put any financial responsibility on the witness himself. By signing below, you hereby declare that the person signing on the contract acknowledges, and able to understand the terms and conditions mentioned in the contract.
Print name:Signature:Relationship:
Date://



FINANCE RECAP

HERO YGRENE CALFIRST E3						
Owner´s name: Address: Email:						
Phone: Today´s Investment: \$ Annual Hero/Ygrene/CalFirst/E3 Payment: \$						
First Payment Due: \$ Homeowner´s Taxes (circle one): Impounded Bi-Annual Annual						
the approximate bi-annually payment will be: \$the approximate annually payment will be: \$the approximate payment will be: \$the approximate payment will be: \$the approximate payment will be: \$						
Payment terms Options						
5 YEARS	10 YEARS	15 YEARS	20 YEARS	2 5 YEARS	30 YEARS	
\$	\$	\$	\$	\$	\$	

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FINANCE RECAP

I acknowledge and understand that this payment will be added to the property tax bill.

Homeowner´s Name Printed:			
Homeowner´s Signature:			
Date:	/		
Homeowner´s Name Printed:			
Homeowner´s Signature:			
Date:			
Homeowner´s: Name Printed: _			
Homeowner´s Signature:			
Date:	/	/	



CUSTOMER SIGNATURE ACKNOWLEDGEMENT AND AUTHORIZATION

I have executed a HERO/YGRENE program for the financing of a Home Improvement Contract obtained through and to be installed by ECO SOLARHOME. As part of the overall transaction, I acknowledge and understand that my signature will be required for a number of transaction documents, which may include some or all of the following form:

- 1. Hero program document.
- 2. Ygrene program document.

I further acknowledge, agree and understand that the style, form and processing procedures related to the above documents vary.

I submit below my signature and initials and hereby authorize ECO SOLARHOME to affix my signature and initials to any, each and all of the documents specified above, as they may be applicable to processing my transaction. My authorization is expressly limited to the purpose set forth in this signature. Acknowledgment and authorization letter. Any other use is expressly prohibited.

Authorized Signature		
Printed Name		Initials:
Authorized Signature		
Printed Name		Initials:
Date:	Last 4 of SSN:	DL ST: DL #:

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