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## HOME IMPROVEMENT CONTRACT

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

Office Phone: 323-736-1949  
[www.Ecosolarhomeimprovement.com](http://www.Ecosolarhomeimprovement.com)



# FORMA DE CONSENTIMIENTO

YO, \_\_\_\_\_ reconozco que firme el  
acuerdo con \_\_\_\_\_ a través de ECO SOLAR HOME  
IMPROVEMENT, LLC. Para firmar dicho contrato debo tener acceso a  
internet. Entiendo que es muy importante que revise mi correo electrónico ya  
que pueden enviarme información sobre mi proyecto.

Confirmando que he firmado este acuerdo utilizando el internet y computadora  
del siguiente representante:

\_\_\_\_\_.  
La dirección del correo electrónico que he proporcionado para esta  
comunicación es el siguiente:

E-mail:

Nombre del cliente: \_\_\_\_\_

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Firma del cliente: \_\_\_\_\_


Nombre del representante: \_\_\_\_\_

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Firma del representante: \_\_\_\_\_

# FORM OF CONSENT

I, \_\_\_\_\_ acknowledge that you sign the agreement with \_\_\_\_\_ through ECO SOLAR HOME IMPROVEMENT, LLC. To sign this contract, I have access to the internet. I understand that it is very important to have my email as they can send me info





# PROOF OF WITNESS

This document is in reference to a contract agreement date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Between ECO SOLAR HOME IMPROVEMENT and \_\_\_\_\_

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: \$ \_\_\_\_\_

## Payment terms Options

5 YEARS	10 YEARS	15 YEARS	20 YEARS	25 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 #: