



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 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 must have access to the internet. I understand that it is very important that I check my email as they can send me information about my project.

I confirm that I have signed this agreement using the internet and computer of the following representative: _____

The email address I have provided for this communication is as follows:

E-mail: _____

Customer name: _____

Date: ____ / ____ / ____

Client's signature: _____

Name of representative: _____

Date: ____ / ____ / ____

Signature of representative: _____



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 #: