



G & R PLUMBING, INC.

Certified & Insured
 State License CFC033812
 2765 N.W. 84th Terrace
 Cooper City, FL 33024
 954-822-3614

WORK ORDER

DATE: _____ 20__

WORK DONE AT _____ ART: _____

CHARGE TO: _____ TELEPHONE: _____
 ORDER NO.: _____

REMARKS: EMERGENCY CALL -

MATERIAL:

1)	EMERGENCY CALL				\$ 250-
2)	leak detection - FIA? fee				\$ 600-
3)	REPLACED HOT SIDE WATER SUPPLY FOR KITCHEN				\$ 100-
	INSTALL NEW STAINLESS STEEL WATER SUPPLY				

TOTAL	Service Call <input checked="" type="checkbox"/>	1 PLUMBERS
HRS.		1 HELPERS

SERVICEMAN _____

MATERIAL

% DISC. _____

NET MATERIAL

% TAX _____

LABOUR _____ MEN ()

INV. NO. _____ TOTAL \$ \$ 950-

MATERIAL, LABOR, TIME AND WAREHOUSE _____

CUST. SIGNATURE _____

NEW CARD



Contract: For the value received, the undersigned customer ("assignor") represents that this contract is in full force and effect. The assignor fully warrants that it/she/he/they have full right and authority to enter into this contract. Customer states that they have the authority to enter into this agreement and they fully understand their obligations as expressed in this agreement; that they have the opportunity to consult with counsel and that they fully understand that this agreement is legally binding.

Terms: The terms of this contract begin at the time and date set forth next to customer's signature with services payable at project completion.

ESTIMATE COST: The following is our standard Price List (August 2014)

- 1. Emergency Call - \$250
- 2. Leak Detection - Flat Fee - \$600
- 3. Camera Use - Flat Fee - \$600
- 4. Plumber - \$125 - (After Hours \$185; Holiday \$375)
- 5. Helper - \$85 - (After Hours \$125; Holiday \$200)
- 6. Debris Removal & Clean-Up \$250
- 7. Travel time will be added for each job.

Price is Not Negotiable

Customer understands that G & R Plumbing Inc., is not responsible for any accidental damage to personal property when performing any and all work on the premises.

Customer understands G & R Plumbing Inc., is working for the customer and not the insurance company or agent/adjuster. Customer agrees to pay G& R Plumbing Inc., directly and hereby assigns G & R Plumbing Inc., an interest in the insurance claim and recover.

CUSTOMER AUTHORIZED SIGNATURE: _____

PRINT CUSTOMER NAME: _____ **DATE:** _____

TAX ID. NUMBER: 20-2673342



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WORK ORDER

DATE: 20 15

WORK DONE AT _____ APT: _____

CHARGE TO: _____ TELEPHONE: _____
ORDER NO.: _____

REMARKS: BROKEN DISPOSER - FIRED KITCHEN
EMERGENCY CALL

MATERIAL:

1)	Arrived for EMERGENCY call on 5-30-15 leaky WATER from BROKEN DISPOSER	\$ 250-
2)	Diagnose problem and find source of leak 3 HRS plumber.	\$ 375-
3)	ARRIVED ON 6-4-15 TO FIX PROBLEM - TOOK DISPOSER FOR ACCESS AND INSTALL NEW ONE - OWNER PAID FOR INSTALL AND DISPOSER	N.G.
4)	3 HRS plumber + helper	\$ 630-

TOTAL	Service Call ✓	0 PLUMBERS
HRS.		1 HELPER

SERVICEMAN

MATERIAL
% DISC.
NET MATERIAL
% TAX
LABOUR _____ MEN (<input checked="" type="checkbox"/>)

MATERIAL, LABOR, TIME AND MANAGER SATISFACTORY
CUST. SIGNATURE: _____

NEW CARD

INV. NO. _____ TOTAL \$ \$ 1255

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CUSTOMER AUTHORIZED SIGNATURE: _____

PRINT CUSTOMER NAME: _____

DATE: _____ 1/15

TAX I.D. NUMBER: 20-2673342



G & R Plumbing, Inc.
State License CFC 033812

2765 N.W. 84 Terrace
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**AUTHORIZATION FOR INFORMATION ON ACCOUNT & ASSIGNMENT
OF INSURANCE BENEFITS, DIRECT PAY
& POWER OF ATTORNEY**

I/we, _____, am/are the policy holder(s) for

Policy Number ("Policy") _____ Claim Number _____

With the _____ insurance company ("Insurer")

Insurance company phone # _____ Fax # _____

Agent Name _____ Agent Phone # _____

Adjuster Name _____ Adjuster Phone # _____

G & R Plumbing, Inc. ("Contractor") has provided or will provide services to me/us in connection with a loss that is believed to be covered by the "Policy." In exchange for providing those services I/we have provided this Release, Assignment, Direction and Power of Attorney.

1. **Release Information.** I/we hereby direct my Insurer referenced above to release any and all information requested by Contractor, its representative, or its attorney for the purpose of obtaining benefits to be paid for services rendered and in this regard I waive my privacy rights.
2. **Assignment.** In consideration for the work performed, or to be performed by Contractor, I/we hereby assign to Contractor the benefits and causes of action under the Policy which are applicable to pay for the work performed or to be performed by Contractor as a result of the loss.
3. **Direct Payment.** I/we authorize and direct Insurer to make direct payment to Contractor for the amounts due to it.
4. **Power of Attorney.** I/we authorize and grant Contractor power of attorney to endorse check(s) from Insurer for me and appoint Contractor as my true and lawful attorney in fact to act in my place for the purpose of endorsing and depositing checks issued by Insurer to pay for services provided. I/we indemnify and hold Contractor harmless for doing so.
5. **Interest.** I/we understand that if payment is not made within 90 days interest will accrue from the date the services were provided at the rate of 1.5% per month.
6. **Travel Time.** A minimum of 1 hour travel time will be charged at the rate of \$125 per hour for plumbers and \$85 per hour for assistants.
7. **Warranty.** Parts & labor for the services provided are warranted for 90 days.

Insured Signature _____

Date _____

Insurer Signature _____

Date _____

Tax I.D. Number 20-2673342

