



Capital Carpet Care, LLC

CARPET CLEANING • FLOODS • REPAIRS

9097 Comprint Ct. Gaithersburg MD 20877 Toll Free 888-948-6724

**AUTHORIZATION TO PERFORM SERVICES
AND DIRECTION OF PAYMENT**

_____, herein referred to as the “Customer”, authorizes *Capital Carpet Care LLC* of Gaithersburg Maryland to perform any and all necessary cleaning and/or restoration services on the property located at: _____

City: _____ State: _____ Zip: _____

and with respect to items that need to be cleaned at a off site location, authorizes *Capital Carpet Care LLC* to remove and clean such items as necessary.

If for any reason a third party check should be received by and payable to the customer, the customer agrees to pay *Capital Carpet Care LLC* immediately upon receipt from the responsible party, Builder and/or Insurance Company. Customer agrees to pay insurance deductible in the amount of \$_____ that applies to this claim, and also if the loss is not covered by Builder and/or Insurance Company, customer agrees to pay the total amount to Capital Carpet Care LLC immediately upon receipt of the invoice amount.

It is fully understood that the customer and it s agents, successors, assigns and heirs are personally responsible for any fees and deductibles, depreciation, and/or any cost not covered by Builder and/or Insurance Company. Any and all charges for the services not reimbursed by Builder and/or Insurance Company are the responsibility of customer and are paid upon completion of work.

Interest will be charged at the maximum allowable by law, or at ____% per month, or whichever is lesser, on accounts over 30 days past due.

Remarks: _____

I have read and agreed to the Terms and conditions of service.

Signature

Date

Printed Name