



Emergency Water Damage Contractor

toll free: 1.877.4WETRUG

PO BOX 60602

local tel: 239.220.5114

Fort Myers, FL., 33906

fax: 1-866-815-3718

www.DriMaxx.com

# INVOICE

DATE INVOICE #

REFERRAL #

CLAIM #

### CUSTOMER INFORMATION:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### INSURANCE/ADJUSTER:

\_\_\_\_\_  
 /  
 ADJUSTER'S PHONE #: \_\_\_\_\_

SERVICES	UNIT PRICE					SUBTOTAL
EMERGENCY SERVICE CALL	\$175.00					
TRIP CHARGE AFTER 9PM PER TRUCK	\$225.00					
TRIP CHARGE HOLIDAYS PER TRUCK	\$300.00					
INFRARED INSPECTION	\$.49	X		S/F		
INFRARED SPOT VIEW	\$.119					
INFRARED CLEARANCE	\$.49	X		S/F		
CONTENTS MANIPULATION		X		Rooms		
MOVE APPLIANCES	\$50.00	X		Units		
WATER EXTRACTION MINIMUM	\$92.50					
WATER EXTRACTION HARD FLOOR	\$.39	X		S/F		
WATER EXTRACTION CARPET	\$.45	X		S/F		
WATER EXTRACTION PADDING	\$.45	X		S/F		
GREY WATER EXTRACTION	\$1.45	X		S/F		
BLACK WATER EXTRACTION	\$2.25	X		S/F		
SEWAGE WATER EXTRACTION	\$5.25	X		S/F		
REMOVAL WET CARPET	\$1.00	X		S/F		
REMOVAL WET PADDING	\$1.00	X		S/F		
RECOVERY SYSTEM CLEANING	\$105.00					
THERMAL FOGGING	\$.06	X		C/F		
FOGGING WET APPLICATION	\$.06	X		C/F		
24 HOUR DISINFECTANT CANISTER	\$27.00	X		Days		
MILDWECIDE APPLIED / FLOOR MIN.	\$74.00					
MILDWECIDE APPLIED / CARPET	\$.37	X		S/F		
MILDWECIDE APPLIED / WALL	\$.28	X		S/F		
MILDWECIDE APPLIED / PADDING	\$.49	X		S/F		
INTERIOR WALL CAVITY MILDWECIDE	\$1.25	X		per hole		
EQUIPMENT SETUP & TAKE DOWN	\$115.80					
AIR MOVERS	\$30.00	X		Units	X	Days
DEHUMIDIFIER MEDIUM	\$125.00	X		Units	X	Days
DEHUMIDIFIER LARGE	\$150.00	X		Units	X	Days
DESICCANT DEHUMIDIFIER	\$200.00	X		Units	X	Days
INJECTIEDRY SYSTEM	\$305.00	X		Units	X	Days
AIR SCRUBBERS	\$150.00	X		Units	X	Days
FILTER FOR AIR SCRUBBER	\$254.00	X		Units		
EQUIPMENT MONITOR	\$45.00	X		Units	X	Days
MISC. DRYING EQUIPMENT PER QUOTE						
PREP ROOM FOR DEMO		X		Rooms		
CONSTRUCT CONTAINMENT AREAS	\$1.25	X		S/F		
PORT WALL CAVITY	\$.55	X		Hole		
BASEBOARD REMOVAL	\$1.25	X		S/F		
REMOVAL OF SHEETROCK	\$.75	X		S/F		
REMOVAL OF INSULATION	\$.10	X		S/F		
6 MIL POLY BAGS	\$3.00	X		Bags		
COLLECT AND BAG DEBRIS	\$.75	X		S/F		
HEPA VAC FLOORS	\$.75	X		S/F		
HEPA VAC WALLS	\$.55	X		S/F		
HEPA VAC CEILINGS	\$.85	X		S/F		
WASH FLOORS	\$.75	X		S/F		
WASH WALLS	\$.55	X		S/F		
WASH CEILINGS	\$.85	X		S/F		
HAUL DEBRIS TO CURB						
HAUL DEBRIS TO DUMP						

Cash  Check # \_\_\_\_\_  Credit Card

I have read & understand the terms & conditions set forth on the back of this invoice. I agree to purchase the ordered services above, based on DriMaxx's services price list. I authorize DriMaxx to charge the card number below for today's total as agreed via contract.

NAME ON THE CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_ CVN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBTOTAL	
% OVERHEAD	
% PROFIT	
DISCOUNT	
DEPOSIT	
<b>TOTAL DUE</b>	

# DRIMAXX

## Service Contract

In consideration of the final billing, Skyhammer Productions LLC, d/b/a DRIMAXX agrees to perform all required restoration services within our scope of work.

**Non-Waiver:** Failure of either party to enforce any portion of this Agreement/Contract shall not constitute a waiver of such rights.

**Contract:** For value received, the assignor represents that this contract is in full force and effect. The assignor fully warrants that It/he/she/they have full rights and authority to enter into this contract.

**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.

**Credit Terms:** The undersigned customer understands and agrees that in consideration for credit being extended herein, It/he/she/they shall be liable for all amounts charged, ordered, purchased, received and incurred upon credit, on open account, or otherwise from DRIMAXX until such time as this agreement is canceled by either party or until all amounts due hereunder are paid in full, whichever is later. Customer further understands that it/he/she/they are responsible for these charges regardless of whether or not customer receives reimbursement from any insurance carrier or other third party. Furthermore, it is understood and agreed that all amounts due hereunder shall be paid promptly, or according to any special terms of a particular purchase order, and should payments be made late, such overdue amounts shall accrue simple interest at a rate of one and one half percent (1.5%) per month, until such amounts are paid. Customer further understands that should any installments be in default for a period of not less than ten (10) days, said installments shall be subject to a one time delinquency charge in the amount of five percent (5%) of any such installment in default, which delinquency charge shall not be deemed interest. Everything stated in this application is correct to the best of my knowledge. It is understood that DRIMAXX will retain this application whether or not it is approved. You are authorized to make all appropriate credit inquiries regarding me or this company/corporation.

**Termination:** DRIMAXX may at any time either temporarily and/or permanently terminate the usage of any or all equipment.

**Voluntary Termination Fee:** Customer understands and agrees that in the event and for any reason any portion of the usage equipment is to be canceled, that a fee equal to one days usage on all canceled pieces of equipment will be immediately due.

**Calendar Usage:** Usage is deemed to begin at time of arrival and to the following midnight regardless of the particular hour in which the usage occurs. It is further understood that any portion of a day constitutes a days usage and will be considered a full and complete day. All usage is for a three (3) days minimum.

**Conditions of Contract:** In the event any party to this agreement brings suit to enforce any provision of this agreement, the prevailing party on any issue in any such litigation and any appeals there from, shall be entitled to recover from the other party, in addition to any damages, Interest at 18% per annum from the date of owing, or other relief granted as a result of such litigation, all reasonable costs of such litigation and a reasonable attorney's fee as fixed by the court. If any suit or action is instituted under this agreement, all parties agree to submit to personal jurisdiction in the State of \_\_\_\_\_, with venue in \_\_\_\_\_ County. Customer agrees that in the event any portion of the equipment being used is unplugged, turned off or otherwise found to be not operational due to electric circuit breaker being tripped or other unforeseen malfunctions not limited to breakage, leakage and or other occurrences that Its/his/her/their are still liable for the cost of usage based on calendar usage and or voluntary termination fee. Any compensation for unforeseen equipment downtime will be affected through additional usage only. Customer understands and agrees to waive its/his/her/their right to a jury trial. Customer understands and agrees to a one time unscheduled pickup fee of \$150.00 to be due immediately upon pickup of equipment Customer understands and agrees to daily compounding of interest on any unpaid balance.

**Loss:** In the event an incident occurs which would otherwise render any portion of the equipment unfunctionable, customer understands it/he/she/they are liable for the cost of said equipment and/or best efforts to repair the damage to the equipment. Thief of property is solely the customer's responsibility. All equipment will be valued at fair market price. Customer agrees that usage fees will be charged at the rate published on the front of this contract until lost/stolen/damaged equipment have been fixed or replaced. Customer accepts full responsibility for all equipment and or otherwise used by this contract period. Oral modifications are not binding. This contract is the entire agreement of Drimaxx and the assignor. Oral changes shall have no effect.

**Indemnity:** Customer shall and does hereby indemnify and hold harmless Drimaxx, and its employees in amount equal or less than the face value of this contract for any and all claims, liability or damages including reasonable attorney's fees arising out of the contract. This Indemnity provision shall survive the termination or expiration of this contract.

**Authorization For Direct Pay And Assignment Of Insurance Proceeds:** In consideration of the labor, services, and/or materials (the "Services") provided to me by DRIMAXX and/or DRIMAXX's subcontractors, if any (collectively referred to as DRIMAXX), I agree to the following: I authorize and instruct all insurance company(ies) that may be contractually obligated to provide benefits and nor payments to me based upon or related to damage(s) to my home or other Insured structure, to make payment directly to DRIMAXX for all charges incurred for Services rendered to me for all remediation, repairs, and/or improvements performed or provided by DRIMAXX, with DRIMAXX as the sole payee. In the event any Insurer obligated to make payment to me or to DRIMAXX under this document, for DRIMAXX's Services refuses, neglects, declines or delays in making payment to DRIMAXX upon DRIMAXX's demand, I hereby assign and transfer to DRIMAXX any and every cause of action that exists in my favor against any such Insurer, the names of which are believed to be correctly set forth on the front of this contract. I further authorize DRIMAXX to prosecute such action, compromise, settle or otherwise resolve said claim exclusively as DRIMAXX sees fit in its sole discretion. I understand, agree and waive any right or claim of Interest that I may possess to interfere with DRIMAXX exclusive discretion in this regard. DRIMAXX shall employ, and I consent to the employment of attorneys in prosecuting, compromising, settling or otherwise resolving any claim so assigned. I agree to cooperate fully with DRIMAXX's attorneys, and to make any and all of my damaged property available for inspection or use by DRIMAXX to protect DRIMAXX's interests. If this contingency occurs, I understand that whatever amount DRIMAXX is unable to collect from the insurer is my responsibility.