

STATE CERTIFIED CONTRACTOR  
CB C058895

# THE DAMEX CORPORATION

INSURANCE RESTORATIONS  
REMODELING/ADDITIONS  
RESIDENTIAL/COMMERCIAL  
CUSTOM HOMES

## EMERGENCY/CLEANING AUTHORIZATION

This is to authorize the firm of THE DAMEX CORPORATION/dba MOLDEX to proceed with the necessary cleaning and/or emergency services to our property as a result of \_\_\_\_\_ damage to building and/or contents located at:

\_\_\_\_\_

This will also serve as authorization for the insurance carrier to include THE DAMEX CORPORATION on their draft(s) issued for payment of repairs.

I/We understand at the time of signing this document, that a price or final specifications have not been established with the insurance company. I/We understand that a price will be established between the insurance company and THE DAMEX CORPORATION. The insured will be responsible for the deductible amount of this policy.

I/We further agree and understand that I/We am/are fully responsible for payment of the agreed upon estimate. This obligation is not dependent on insurance company payment to DAMEX. If for any reason my insurance company does not promptly make payment to DAMEX, I agree to pay all unpaid charges from the agreed estimate immediately upon billing to me from DAMEX.

By initialing this box, I authorize my insurance company to issue payment directly to DAMEX without naming me as a joint payee on its check.

\_\_\_\_\_  
Insured/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured/Representative Name Printed

VISA AND MASTERCARD ACCEPTED

1708 S.E. 47TH STREET • CAPE CORAL, FLORIDA 33904  
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COLLIER COUNTY (239) 434-8555

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