



Fungus Fighters Termite & Construction, Inc.

425 Couch Street, Vallejo, CA 94590

(707) 557-5093 • (510) 222-3955

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# WORK AUTHORIZATION CONTRACT

Address of Property: 944 Hargus Avenue, Vallejo CA 94591

Inspection Date: 1/15/2009

Report #: 4389

Title Co. & Escrow #: Escrow #

**SECTION 1**

- 1A \$ 120.00
- 3A \$ 770.00
- 3B \$ 120.00
- 3C \$ 460.00
- 3D \$ 1930.00
- 3E \$ 280.00
- 3F \$ 260.00

**SECTION 2**

- 4A \$ 20.00

**FURTHER INSPECTION**

We Authorized the Following Section 1 Items to be Performed.

1A, 3A, 3B, 3C, 3D, 3E, 3F

We Authorized the Following Section 2 Items to be Performed.

4A

We Authorized the Following Items for Further Inspection.

Proposed Cost Section 1: \$3,940.00

Proposed Cost Section 2: \$20.00

Proposed Cost Fur.Insp.: \_\_\_\_\_

Building Permit Fee \$ 450.00

Total - All Sections: \$4,410.00

I have read this work authorization contract and WDO inspection report it refers to.  
 SIGNED WORK AUTHORIZATION CONTRACT MUST BE RECEIVED BEFORE WORK WILL BE SCHEDULED.  
 I have read and understand the terms of this work authorization contract and hereby agree to all terms thereof.

APPROVED AND READ BY: \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR: \_\_\_\_\_

DATE \_\_\_\_\_

FUNGUS FIGHTERS TERMITE & CONSTRUCTION



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### CUSTOMER INFORMATION

The amount of this contract is due and payable upon completion of the work listed on the first page unless otherwise specified. Only the work specified in the contract is being done at this time due to owner's wishes. ANY WORK PERFORMED AGAINST AN EXISTING TITLE ESCROW WILL BE THE FINANCIAL RESPONSIBILITY OF THE PARTY ORDERING THE INSPECTION REPORT IN THE EVENT OF A CANCELLED ESCROW.

If this report is used for escrow purposes then it is agreed that this inspection report and Standard Notice of Work Completed and Not Completed (if any) is part of the ESCROW TRANSACTION. However, if you received written or verbal instructions from any interested parties involved in this escrow (agents, principals, etc.) to NOT PAY our invoice at close of escrow, you are instructed by us to NOT USE these documents to satisfy any conditions or terms of your escrow for purposes of closing the escrow. Further, you are instructed to return all of of documents and the most current mailing address you have on file for the property owner.

In case of non-payment by owner, reasonable attorney's fees and costs of collection shall be paid by the owner, whether suit be filed or not. A SERVICE CHARGE OF 1 1/2 PERCENT, PER MONTH, WILL BE CHARGED ON ALL BALANCES OVER 30 DAYS. THE 1 1/2 PERCENT, PER MONTH, EQUALS 18 PERCENT PER ANNUM ON THE UNPAID BALANCE.

If at the time of repairs any additional damage is found while work is being performed, or to be more extensive, a Supplemental Report will be given along with a bid for any corrections that may be necessary.

### MOLD DISCLAIMER

There may be health related issues associated with the structural repairs reflected in the inspection report referenced by this WORK AUTHORIZATION CONTRACT. These health issues include but are not limited to the possible release of mold spores during the course of repairs. We are not qualified to and do not render any opinion concerning such health issues or any special precautions. Any questions concerning health issues or any special precautions to be taken prior to or during the course of such repairs should be directed to a Certified Industrial Hygienist before any such repairs are undertaken.

BY EXECUTING THIS WORK AUTHORIZATION CONTRACT, CUSTOMER ACKNOWLEDGES THAT HE OR SHE HAS BEEN ADVISED OF THE FOREGOING AND HAS HAD THE OPPORTUNITY TO CONSULT WITH A QUALIFIED PROFESSIONAL.

\_\_\_\_\_  
Customer's Initials

\_\_\_\_\_  
Date

I HAVE READ THIS CONTRACT AND THE TERMITE INSPECTION REPORT IT REFERS TO. I HAVE READ AND UNDERSTAND THE TERMS OF THIS WORK AUTHORIZATION AND HEREBY AGREE TO ALL TERMS THEREOF.

PARTY RESPONSIBLE FOR PAYMENT \_\_\_\_\_

DATE \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

AGENT (If Any) \_\_\_\_\_ PHONE # \_\_\_\_\_