

CUSTOMER WORK AUTHORIZATION CONTRACT AGREEMENT

THIS AGREEMENT, MADE AS OF _____ Price of job: _____

The undersigned property owner or agent hereafter known as the owner agrees to the following: I have retained **Amalfi Inc.** hereafter known as the **STONE RESTORES AND INSTALLERS**, to supply services in accordance with their pricing policy. The scope of their assignment is to immediately arrest all and any ongoing damage to the Stone surface

1. **Agent:** If this agreement is authorized by anyone other than the owner of the property, he or she alleges that he or she has the legal right to act as the owner's legal agent and accepts personal responsibility for this act.
2. **Assignment: Amalfi Inc.,** reserves the right to assign all rights, title and interest in this agreement.
3. **Delinquent payment:** In the unlikely event that **Amalfi Inc.,** must turn this matter over to its attorneys for collection, the owner agrees to pay reasonable attorneys fees, disbursements and court cost after 30 days.
4. **Price:** The owner agrees to accept the pricing established by **Amalfi Inc.,** for installing, restoring, repairing, and grinding costs for all work performed under this agreement. We do not grout surfaces. We can recommend installers that specialize in this field. All jobs require a 50% deposit of the estimated price given. (which can be made by check or credit card.) **PLEASE NOTE: ONLY AMEX cards will be charge a 5% fee of the full amount being charged. ANY ESTIMATE DONE OVER THE PHONE MAY BE SUBJECT TO A PRICE CHANGE, DEPENDING ON THE SIZE OR COLOR OF THE STONE. (E.G. WHITE, BLACK, GREEN, AND DARK REDS.) THE PRICE WILL BE CONFIRM ONCE WE ARRIVE. (THERE IS A CONSULTATION FEE FOR ALL ESTIMATES.)**
5. **Cancellation Notice:** You may cancel this transaction, with out any penalty or obligation, within 3 business days from the date you fax this form signed to the office. **All communication for this agreement must be made by fax only.** To cancel this transaction fax a written request. If you cancel within the 3 day limit, all deposits or payments will be returned **within forty (40)** days following your cancellation notices. **THIS FORM CAN BE FOUND ON AMALFIRESTORATION.COM**
6. Do not use **Alkaline or Acidic Solutions** on top of Stone. Only use a Neutral PH cleaner. MSDS=Material Safety Data Sheets are available on the web page @ www.amalfiproducts.com (If any other questions please call with concerns to (908) 419 3801. (ask for Gilberto) For instruction on stone care please visit gilbertoamalfi.com

Client Name: _____ Date: _____

Address: _____

Job location: _____

Contact #: (1) _____ Email _____

I HEREBY ACCEPT: _____ Date: _____

I HEREBY CANCEL : _____ Date: _____

Payments can be made by Check or Credit card: (There is a additional charge of 5% on AMEX card payments) Please make sure to submit payments by check on the day the work is completed. Or your credit card will be charge for the balance. ALL PAYMENTS ARE DUE ONE WEEK AFTER WORK IS COMPLETED.

Credit Card # _____ Exp date _____ SC # _____

Name on card _____ Signature _____