



SPARTAN RESTORATION

Certificate of Satisfaction & Direction to Pay

Name: _____ Date Of Loss: _____

Project Location: _____

I/(We)/("Customer) hereby certify that the work performed by Spartan Restoration Inc. has been completed to my/our complete satisfaction- Customer represents that he/she is the record owner or the authorized agent of the record owner of the property in question and has full authority to certify the satisfactory completion of the work performed by Spartan Restoration Inc..

Customer hereby irrevocably authorizes and instructs their insurance company to either assign direct payment to Spartan Restoration Inc. any insurance benefits to which we are entitled or to name Spartan Restoration Inc. as a payee on any checks or drafts issued by the insurance company covering this loss in payment of this claim and for the services rendered. Such authorization & instruction shall constitute final acceptance of the work performed by Spartan Restoration Inc.

Should customer receive direct payment from any third party for the services performed by Spartan Restoration Inc., customer hereby agrees to endorse and deliver said payment to Spartan Restoration Inc. within five days after receiving such payment from such party. If payment is included in customer's settlement, customer agrees to pay Spartan Restoration Inc. from insurance proceeds. If insurance company issues a two party check for services performed by Spartan Restoration Inc., customer authorizes Spartan Restoration Inc. to endorse check in their behalf for deposit into Spartan Restoration Inc. account.

Signature: _____ Date: _____

Print Name: _____

Address: _____