

GULF COAST ALUMINUM

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## **Service Agreement**

Customer:		Phone:		Date:		
Address:			City: _			
Zip: Email:						
Job Number or New:	_ Status: Completed	Schedule	Орр	Rep		
Work Specified:						
Lic # SCC131151419. Per FAC 61G4-15.015	a contractors license is required for rescreeni	ng work regardless of si	ze.			
refunded. This agreement represents performed with design and material of be executed only upon written orders, permitting, engineering, expedition, or cancellation by the client and any/all w completion. If a credit card payment it the event of default by client it is agradministrative expenses, attorney fee The client assumes all responsibility fraccess to work area, and keep work a toys, until work is complete. The combidden or unforeseen circumstance at All impediments such as shutters, bust Tear out of materials is required it is and agrees that there is not a set decustomer agrees to waive any rights the	subject to acceptance by management ( the entire understanding between compa- oice of the company. Any alteration or de- and will become an extra charge over an other related fee's will be added to the to- ork completed will be billed at our standar is accepted, a release of lien will only be i eed that client will pay any and all costs is, and court costs. All agreements are co- or compliance with private property associ- area free and clear of any personal prope pany assumes no liability for any personal their own expense within 60 days that hi hes, trees, and plants must be trimmed/re- he clients responsibility to remove caulk, ite, or guaranteed date for service/comp ey now have or may have in the future to the to so ever and wave entitlement to any co-	ny and client. Any as eviation from specifical dabove the contract putal price stated. All deduction are all displays after incurred to enforce to entingent upon strikes ation rules and regularly including, but not lid property left in the wonder the ability of the located at least 18" fro re-stucco, and otherwise use of their name of	pect of project that tions on contract in price. If permits are eposits are non-refund or payments are settlement of last cities contract, including, accidents or delations. Client agree mited to, chairs, ta ork area. The clier contractor to complement the enclosure privise refinish the are mpensation for contruse of photograph	is not specified will be volving extra costs will required or requested andable in the event of e due upon substantial redit card payment. In ling but not limited to, ys beyond our control. In the store to utilize or allow bles, grills, plants, and at agrees to rectify any ete the scope of work. For to our arrival. When a. Client understands tractors' performance, is of any improvements		
				,		
Client	Date					
	ork specified at the terms & total on the	nis page.	Total Price			
DL#	St		Deposit			
		De	Janes Due			
		Ba	lance Due			

## Florida's Mandatory Provision For Direct Contracts

(State Required Notice For All Licensed Contractors)

ACCORDING TO FLORIDA'S CONSTRUCTION LIEN LAW (SECTIONS 713.001-713.37, FLORIDA STATUTES), THOSE WHO WORK ON YOUR PROPERTY OR PROVIDE MATERIALS AND SERVICES AND ARE NOT PAID IN FULL HAVE A RIGHT TO ENFORCE THEIR CLAIM FOR PAYMENT AGAINST YOUR PROPERTY. THIS CLAIM IS KNOWN AS A CONSTRUCTION LIEN. IF YOUR CONTRACTOR OR A SUBCONTRACTOR FAILS TO PAY SUBCONTRACTORS, SUB-SUBCONTRACTORS, OR MATERIAL SUPPLIERS, THOSE PEOPLE WHO ARE OWED MONEY MAY LOOK TO YOUR PROPERTY FOR PAYMENT, EVEN IF YOU HAVE ALREADY PAID YOUR CONTRACTOR IN FULL. IF YOU FAIL TO PAY YOUR CONTRACTOR, YOUR CONTRACTOR MAY ALSO HAVE A LIEN ON YOUR PROPERTY. THIS MEANS IF A LIEN IS FILED YOUR PROPERTY COULD BE SOLD AGAINST YOUR WILL TO PAY FOR LABOR. MATERIALS, OR OTHER SERVICES THAT YOUR CONTRACTOR OR A SUBCONTRACTOR MAY HAVE FAILED TO PAY. TO PROTECT YOURSELF, YOU SHOULD STIPULATE IN THIS CONTRACT THAT BEFORE ANY PAYMENT IS MADE, YOUR CONTRACTOR IS REQUIRED TO PROVIDE YOU WITH A WRITTEN RELEASE OF LIEN FROM ANY PERSON OR COMPANY THAT HAS PROVIDED TO YOU A "NOTICE TO OWNER." FLORIDA'S CONSTRUCTION LIEN LAW IS COMPLEX, AND IT IS RECOMMENDED THAT YOU CONSULT AN ATTORNEY.

Signed:	Date:	

## **Credit Card Authorization Form**

Credit Car	d Information			
Card Type:	□ MasterCard	□VISA	□ Discover	□ AMEX
	□Other			
Cardholder	r Name (as shown or	card):		
Card Numb	oer Last 4 Digits:			
Expiration	Date (mm/yy):			
Cardholder	ZIP Code (from cre	dit card billing add	lress):	
conjunction w		t. I understand that	all payments are non-ref	rment and final balance in undable. I understand that my
Cardholder	Signature	Date		