



CLIENT AUTHORIZATION

Cura Emergency Services, L.C. (CES) is pleased that you have selected us to manage the environmental operations for the incident that occurred at the location described below. Please complete this authorization form and fax it to (972) 378-6789 or email it to operations@curaes.com

INCIDENT LOCATION: _____

CITY/STATE: _____

By executing this agreement, client (as listed below) authorizes CES to retain/release emergency response contractors, make regulatory notifications, act on behalf of client during clean up, and sign waste disposal profiles/manifests on behalf of client.

Upon receipt of this executed agreement, CES initiate the clean up and the incident manager assigned to your project will keep you updated on the progress of the clean up. Invoicing will be on a time-and-materials basis, per the CES current fee schedule (see below).

- Incident Manager/ Technical Specialist.....\$90.00/hr.
- Incident & Administrative Support.....\$65.00/hr.
- Communication Fee.....\$50.00/incident
- After-Hours Initiation.....\$75.00/incident
- Subcontractor.....cost + 15%

In addition to the CES fees, the reimbursable costs (subcontractor fees) associated with the cleanup will be billed to client with a **15%** markup as listed above. Subcontractor invoices will be audited by CES and if adjustments are necessary they will be made prior to invoicing client; therefore all subcontractor costs are final as they appear on the CES invoice.

With this authorization client agrees that payment will be remitted to CES within 30 days of receipt of the invoice. Late fees of 1.5% per month may be assessed beyond 30 days. Client agrees to take full direct responsibility for timely payment of invoices *regardless* of whether funding is ultimately derived from a third party reimbursement (i.e insurance).

AGREEMENT EXECUTED BY (CONTACT NAME): _____

CLIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REFERENCE NO.: _____

INSURANCE CARRIER/CONTACT/CLAIM NO.: _____

CREDIT CARD TYPE/NO./EXP. DATE _____

DATE: _____ PHONE: _____ FAX _____