



(402) 343-0011

...just call Burton!

5010 F Street
Omaha, NE 68117

FIND US ON



Date

9-31-2019

CECEHE

Job # 107003

Customer PO#

Customer Name <u>City of LaVista</u>	Phone No. <u>John 402-4669-9003</u>
Job Address <u>8305 Park View Boulevard</u>	Email Address
City, State, Zip	Billing Address (if different) <u>9900 Portal Road</u> <u>LaVista, NE 68128</u>
SUMMARY: <u>Repair 12 foot of Sanitary Sewer, Pour Back Concrete</u>	

WORK AUTHORIZATION: I the undersigned, am owner/authorized representative/tenant of the premises at which the work above is being done. I hereby authorize you to perform the above recommendation, and to use such labor and materials as you deem advisable. Unless prior authorization for billing, payment for all work done is due upon completion (C.O.D.). A \$10.00 BILLING CHARGE is due there after. An office billing charge and/or finance charge of 1.75% per month (21% per annum) will be added after 10 days past due. I agree to pay reasonable attorney's fees, court costs and collection fees in the event of legal action. I have read this contract, including the terms and conditions on the reverse side hereof and agree to be bound by all the terms contained herein. All old parts will be removed from premises and discarded, unless otherwise specified herein.

I HEREBY AUTHORIZE YOU TO PROCEED WITH
THE ABOVE WORK AT THE UP FRONT FEE OF \$ 12,709.10

Signature: Per Contract John Kottman

<input type="checkbox"/> MC	<input type="checkbox"/> Visa	<input type="checkbox"/> Disc	<input type="checkbox"/> AMEX	<input type="checkbox"/> Diners	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Charge	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Debit Card	<input type="checkbox"/> ATM Card	<input type="checkbox"/> Prepaid Card	<input type="checkbox"/> Other
Credit Card Number _____ Expiry Date _____															
Cardholder Name _____															
Signature _____															
<input type="checkbox"/> Financed <input checked="" type="checkbox"/> Bill Customer <input type="checkbox"/> Please pay from this invoice - Work performed C.O.D.															
ACCEPTANCE OF WORK PERFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge \$15) in the event that collection efforts are initiated against me. I shall pay for all associated fees at the posted rates as well as all cost of collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "TOTAL COST" is the total flat price I have agreed to.															
Signature _____															
Subtotal <u>12,709.18</u>															
Discount _____															
Subtotal <u>12,709.18</u>															
Dispatch Fee _____															
Tax _____															
Deposit _____															
Total Amount Due <u>12,709.18</u>															

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Signature: Pen Contract John Kottman

PAYMENT 1 Cash Check Check #: _____

PAYMENT 2 Cash Check Check #: _____

Signature: _____ Date: _____

CUSTOMER SERVICE IS OUR #1 FOCUS

If you are not completely satisfied for any reason, please call and speak with the Service Manager. Your feedback is very important to us.

**THANK YOU
FOR CHOOSING US!!**

OFFICE COPY Consent Agenda 10/15/19 (re)