



Fax: 916-910-9723
Email: info@bestapplianceinc.com

Third Party Authorization to perform work on your property and to incur charges.

Name of Payer: _____ Email Address: _____

Payer Address: _____

Primary Phone: _____ Secondary Phone: _____

Occupant Name: _____ Occupant Cell: _____

Service Address: _____

Type of Appliance: _____ Approx. Age _____ Brand: _____

Model Number: _____ Serial Number: _____

Problem with appliance: _____

It is the responsibility of the property owner to be available at the time of service via phone to give authorization if the repair exceeds the pre-authorized amount. If we have the parts to complete your repair and we cannot reach you for your approval and need to return for a second trip, you will be charged another service charge.

Yes, reasonable repairs up to \$250.00, \$350.00, or higher amount of \$ _____

Signature: _____

Credit Card Information: _____ Visa _____ MasterCard _____ Discover _____

Credit Card Number: _____

Expiration: _____ CVC: _____

Name on card (exactly): _____

Billing address for card: _____