

PLEASE DO NOT BOOK CALLS WITH SERVICE TECH.  
ALL CALLS TO GO DIRECTLY TO SERVICE DEPARTMENT 1-800-373-2546

Stop Freakin'  
Call Beacon!

# BEACON PLUMBING

HEATING, ELECTRICAL, SEPTIC & MECHANICAL, INC.



"A Local Company with A Plumbing,  
Electrical and Heating  
Staff You Can Trust and Rely On"

customersupport@beaconplumbing.net  
Contractor #BEACOPM956KS

8611 S. 192<sup>ND</sup> Street Kent, WA 98031

**1.800.FREAKIN (1.800.373.2546)**

JOB NO.	ORDER DATE	CUSTOMER PHONE NO.	CUSTOMER EMAIL	SERVICE TECH
	8/24/2020	2067407876		Mike H
BILLING			JOB LOCATION	
			Suzanne Zahr 8110 SE 70th St Mirac Island WA 98000	

DIAGNOSIS / SOLUTION	P. O. Numbers
Customer wants sewer inspection	

TASK NUMBER	DESCRIPTION	INITIALS	
		ACCEPT	DECLINE
0589	Sewer Camera Video inspection		
	Inspection Report Customer has 4" clay sewer line approx 100' in length. Line has debris in it & should be hydro-jetted & re-inspected. Line is in decent shape & has no roots but may need replaced in year or two due to age of line. Left video with customer. Beacon can install pre-manure to replace line.		

PAID BY: <input type="checkbox"/> CHECK <input type="checkbox"/> CASH	INITIAL	<b>Technicians Punch List: Did we ...</b> <input checked="" type="checkbox"/> Call beforehand <input checked="" type="checkbox"/> Give the price up front before completing any work <input checked="" type="checkbox"/> Invite you to share your experience for an added discount <input checked="" type="checkbox"/> Provide you with a copy of the invoice <input checked="" type="checkbox"/> Complete the job to your satisfaction <input type="checkbox"/> I hereby decline to have the above work be performed at the stated flat rate price.	CHARGES	BEACON RATE
<input type="checkbox"/> BIZEX/ITEX/SAT.BART <input type="checkbox"/> C.C.			TRIP CHARGE	
CHECK # 1748			SUB TOTAL	434.00
C.C.#			TAX RATE %	100
EXP. AUTH.# 413620			TAX	43.45
<input type="checkbox"/> 30 DAY BILLING <input type="checkbox"/> 10 DAY BILLING	AUTH. BY	TOTAL	477.45	

AUTHORIZATION TO PROCEED WITH THE ABOVE DIAGNOSIS/SOLUTION. I warrant and represent that I am the owner/authorized representative of the owner/tenant of the premises at which the work referenced above is to be done. By signing below, I authorize and direct Beacon Plumbing to perform the Diagnosis/solution using such materials and labor as Beacon Plumbing deems necessary and prudent. I agree to pay in full the amount specified for services rendered or will be subject to additional collection costs (see reverse). I HAVE READ THIS AGREEMENT, INCLUDING THE TERMS ON THE REVERSE SIDE AND HAVE BEEN PROVIDED WITH A DUPLICATE. I AUTHORIZE BEACON PLUMBING TO PROCEED WITH THE ABOVE DIAGNOSIS/SOLUTION AT A FLAT RATE OF

NOTES / TERMS:  
Payment in full upon completion unless otherwise noted below.

\$ 434.00 plus any applicable sales tax and service charge. **ALL SALES ARE FINAL.**  
 Authorized Signature: \_\_\_\_\_  
 Please Print Name \_\_\_\_\_  
 I CERTIFY THAT THE WATER PRESSURE MEASURED TO BE 70 PSI.  
 If pressure exceeds 80PSI all work performed will not be warrantied. This only applies to work done on potable water systems.

ACCEPTANCE OF WORK PERFORMED: I find the service and materials rendered and installed in connection with the above work mentioned to have been completed in a satisfactory manner. I agree that the amount set forth in this contract in the space labeled "TOTAL" to be the total and complete flat rate/minimum charge. I acknowledge that I have read and received a legible copy of this contract. **ALL SALES ARE FINAL.**  
 Acceptance Signature: \_\_\_\_\_

**IMPORTANT - the terms and conditions on the reverse side of this form are part of this agreement. PLEASE READ THEM CAREFULLY.**

**THANK YOU**  
BEACON PLUMBING, HEATING,  
ELECTRICAL & MECHANICAL, INC.