



**Sam Young**  
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*Code Certified, Licensed, Trained, & Insured*

<Date>

TO: <Name>

**RE: Payment Agreement, DET Verification**

Thank you for choosing Home InSight for your DET Verification Services, including blower door testing and duct tests. Payment terms are effectively Net 0 with allowance for check mailing or Fee + 3%. This allows cash prices to be quoted to everyone with allowance for credit, if needed.

Here are your card details:

**Card Type:** <Visa, MasterCard, Discover>  
**Card Number:** XXXX-XXXX-XXXX-<nnnn>  
**Expiration Date:** <2012/12>  
**Customer Name:** <DET Verification Client>  
**Order ID:** <YYMMDD0n>  
**Order Description:** <Address>, GA  
**Estimated Fee:** \$<200.00> + 3% administrative handling fee (if card is processed)

Actual service fees will be determined after services are provided.

Payment is expected when service is rendered. Please select desired payment method:

- Check:** On-site payment
- Check:** Mail payment immediately (received within 5 calendar days)
- Check:** Mail when corporate writes checks next (received within 13 calendar days)
- Card:** Process card payment immediately after services are rendered
- Card:** Process card payment 24 hours after emailing invoice for actual services

After services are provided, receipts and invoices are sent by email for actual services. We will get your permission to modify services before providing them.

**Note:** If check payments are not received when agreed, Home InSight may process the card for payment immediately. If so, any checks received will be returned, marked "VOID". If a check is dishonored, card payment will be attempted with allowable bounced check fees included.

Before we leave the job site, assuming tests pass, we will normally put the Georgia Residential Energy Code Compliance Certificate in a packing list envelope on the electrical panel door. Otherwise, look for it at one of the air handler units.

**Please either sign, scan, and return this agreement; or approve by email or phone**

**I agree to pay the amount of actual service fees as selected:**

X \_\_\_\_\_  
 <Payment Agreement accepted verbally | email>