



Bonanza Septic Service Agreement

V2.6 | 11.13.2020

Property Address: _____ City: _____ Zip Code: _____

Will the tank location be marked on site?	Yes	No
Will the water be turned on at the time of service?(Required)	Yes	No
Is there access to electricity on the property?	Yes	No

Septic Tank Size: _____ gal # of Bedrooms: _____

Payment Option: (Select One) Charge Credit Card Pay in Full at Time of Service

Seller Information:

Name: _____
Phone #: _____ Email: _____

Buyer Information:

Name: _____
Phone #: _____ Email: _____

Requesting Realtor Information:

Name: _____ Company: _____
Phone #: _____ Email: _____

The Septic Survey only includes those systems and components that are identified in the provided report. The Septic Survey is not a guarantee or warranty of any kind, and will not report on the life expectancy of any unit or cost of any repairs or corrections. Bonanza Septic Service does not provide any repairs, should repairs be needed you will need to contact a licensed company that specializes in septic repair or installation. Bonanza Septic Service is not responsible for broken lids, found upon arrival or that break during removal.

As the requesting agent, I agree to provide correct and true information needed to process the septic survey.

Please ensure to check all boxes, provide and sign all information requested and return to our office.

Payment will be required by both parties at time of service or the credit cards on file will be charged.

The Bonanza Service Agreement and Credit Card Authorization are required forms and will need to be returned at least 24 hours before your scheduled appointment or it will need to be rescheduled.

My signature below indicates that I have read and understand all contents of this document and agree to the terms of service.

Seller's Responsibility:	Tank Location / Lid Exposure	Waste Removal	Septic Survey
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Seller's Signature: _____ Date: _____

Buyer's Responsibility:	Tank Location / Lid Exposure	Waste Removal	Septic Survey
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Buyer's Signature: _____ Date: _____

Requesting Agent's Signature: _____ Date: _____

** If a scheduled appointment needs to be canceled, 24 hour notice is required, or a service call fee of \$150 will be billed to the requesting party and is due upon receipt.*