



Name: _____ Phone: _____

Street Address: _____ City: _____ Zip: _____

Work Order

Siding Details	Roofing Details	Gutters, Fascia, and Soffit Details
<input type="checkbox"/> Remove all old siding material	<input type="checkbox"/> Complete Tear-Off Old Shingle	<input type="checkbox"/> Remove Existing Gutters and Downspouts
<input type="checkbox"/> Install Fanfold Insulation	<input type="checkbox"/> Inspect Roof for Damaged Surfaces	<input type="checkbox"/> Install New Gutters and Downspouts
<input type="checkbox"/> Install Moisture Barrier	<input type="checkbox"/> Replace, re-nail boards as needed	Type _____
<input type="checkbox"/> Install New Siding	<input type="checkbox"/> Install new pipe jacks, air vents	Color _____
Type _____	<input type="checkbox"/> Install Ice & Water Shield	<input type="checkbox"/> Install New Fascia or Soffit
Style _____	<input type="checkbox"/> Install new roofing shingles	Color _____
Color _____	Style _____	Installation Details:
Owner Initials: _____	Color _____	_____
Additional Siding Notes:	Owner Initials _____	_____
_____	Additional Notes:	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All Material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders and will become an extra charge over and above the estimate. All agreements contingent upon accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by

Amount of Insurance Proceeds: \$ _____
 Policy Deductible Amount: \$ _____
 Additional Work Costs: \$ _____
Total Contract Amount: \$ _____

Payment Terms

Upon delivery of materials the first insurance check and deductible will be due and picked up by a Vincent Exteriors representative. After completion, the remaining balance of the contracted amount will be due immediately upon receipt from the insurance company.

Insurance Company: _____ Claim# _____
 VE Representative: _____ Rep Phone: _____
 Homeowner/Claimant Signature: _____ Date: _____