

250 Yarmouth Road, Elk Grove Village, IL 60007
 Phone: 847-305-7145 / 847-902-1558
 Vincentexteriors.inc@gmail.com



VINCENT EXTERIORS INC

Start date: _____

Owner Initials: _____

Residential & Commercial
 Roofing—Siding—Remodeling
 Licensed—Bonded—Insured

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: _____	<input type="checkbox"/> Metal vents <input type="checkbox"/> Ridge vent
Owner Initials: _____	Color: _____	Drip Edge Color: _____
Notes: _____	Owner Initials: _____	Gutter Apron Color: _____
_____	Notes: _____	Installation Details: _____
_____	_____	_____
_____	_____	_____

Delivery Instructions: _____

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 Workman's Compensation Insurance.

Amount of Insurance Proceeds: \$ _____

Policy Deductible Amount: \$ _____

Additional Work Costs: \$ _____

Total Contract Amount: \$ _____

Terms

By signing below, I understand and agree to the following: All material selections must be finalized two (2) weeks prior to start date listed above. If the homeowner requests changes to material selection within two (2) weeks from start date, the homeowner will be responsible for paying out of pocket for all restocking fees. Start date is subject to change. 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: _____