



Work Authorization Form

Company Name: _____			Date: _____
Job Site Address: Street _____	City _____	State _____	Zip _____
Proposed Job Date: _____ (<i>may be subject to change depending on availability and weather conditions.</i>)			
Scope of work to be performed:			
Estimated number of squares: _____			
Predominant pitch(s) of roof: _____			
Number of stories: _____			
Are we keeping the satellite dish(s)?: _____			
Are we keeping the gutters if any?: _____			
Are we replacing the drip edge?: _____			
Any additional work requests? Decking, fascia, chimney cricket, flashing, etc. 			

I hereby authorize Property Pros of SW FL to perform the scope of work on the address listed above and agree to pay the invoiced amount based on the prices listed in the binding contract, as well as work order prices for additional work requests. Payment to be made as follows: Invoiced amount will be due the Friday of the week the work is performed. If the work is performed on a Friday, the payment will be do within 5 business days.

Company Representative: (Print Name) _____

Signature: _____ Date: _____

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