

*Shingle*

DATE		DEL DATE	
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C U S T O M E R	COMPANY		J O B  L O C A T I O N	NAME		
	NAME			ADDRESS		
	PHONE			CITY		
	LINK #			LOT	BLOCK	BLDG. #
CONTRACTOR		SUBDIVISION				
OWNER		Plan #	JOB #	PO #		

- |                              |   |
|------------------------------|---|
| ___ (SQ.) 20 yr. 3-Tab       | ___ (PC) STYLE D BRN D/B EVE METAL      |
| ___ (SQ.) 25 yr. 3-Tab       | ___ (PC) STYLE D WHT D/B EVE METAL      |
| ___ (SQ.) 30 yr. Dimensional | ___ (PC) STYLE D GALV D/B EVE METAL     |
| ___ (SQ.) 40 yr. Dimensional | ___ (PC) STYLE A BRN S/B EVE METAL      |
| ___ (SQ.) 50 yr. Dimensional | ___ (PC) STYLE A WHT S/B EVE METAL      |
| ___ (BUNDLES) HIP & RIDGE    | ___ (PC) STYLE A GALV S/B EVE METAL     |
| ___ (BUNDLES) STARTERS       | ___ (PC) RIDGE VENT _____               |
| ___ _____                    | ___ (PC) END PLUGS                      |
| ___ _____                    | ___ (PC) SHINGLE OVER RIDGE VENT        |
| ___ _____                    | ___ (PC) 6"X6" FLASHING (hem. Or unhem) |
| ___ _____                    | ___ (ROLLS) 90lb, 43lb                  |
| ___ _____                    | ___ (ROLLS) FELT _____                  |
| ___ _____                    | ___ (BOX) _____ ROOFING NAILS           |
| COLOR: _____                 | ___ _____ ROOF CEMENT                   |

Special Instructions \_\_\_\_\_

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Delivery Instructions \_\_\_\_\_

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1 STORY _____	2 STORY _____	PITCH _____
FLAT BED _____	BOOM _____	LATIVATOR _____

DRIVEWAY RE-LEASE FORM	YES	NO	_____ SALESPERSON
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