



Customer Name _____ **Order Date** ___/___/___

Phone _____ **Email** _____

Delivery Pick-up

Job Name _____ P.O. _____

Delivery Date ___/___/___ AM PM Anytime

Jobsite Contact _____ Phone _____

Payment

Account Cash Check Credit Card

Delivery Address

Street _____

City _____ State _____ Zip _____

Product	Qty	Description	Brand	Type	Color
Shingles		<input type="checkbox"/> Bundles <input type="checkbox"/> Squares			
Hip and Ridge		<input type="checkbox"/> Bundles <input type="checkbox"/> Squares			

Product	Qty	Description	Generic	Brand	Type
Starter		<input type="checkbox"/> Bundles	<input type="checkbox"/>		
Underlayment		<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> Synthetic	<input type="checkbox"/>		
Ice and Water		<input type="checkbox"/> Rolls	<input type="checkbox"/>		
Ridge Vent			<input type="checkbox"/>		

Product	Qty	Size	Description
Cap Nails		<input type="checkbox"/> 0.75" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5"	
Coil Nails		<input type="checkbox"/> 1-1/4" <input type="checkbox"/> 1.5"	
Drip Edge		<input type="checkbox"/> 1.5" x 1.5" <input type="checkbox"/> 2" x 2" <input type="checkbox"/> 2" x 4"	<input type="checkbox"/> Matching <input type="checkbox"/> Black <input type="checkbox"/> White
Decking		<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1"	<input type="checkbox"/> Insulated <input type="checkbox"/> OSB <input type="checkbox"/> Plywood

Product	Qty	Type and Size
Pipe Flashing		<input type="checkbox"/> Plastic Adjustable- 1"-1.5"-2"
		<input type="checkbox"/> Plastic- 3"-4"
		<input type="checkbox"/> Aluminum- Adjustable- 1"-1.5"-2"
		<input type="checkbox"/> Aluminum- 3"-4"

Product	Qty	Color
Caulk		<input type="checkbox"/> Matching <input type="checkbox"/> Clear
Spray Paint		<input type="checkbox"/> Matching

Please call us to confirm that your order was received.

For Office Use Only

Order Verification

Customer reached by Phone Email Order Verified by _____