

Customer Name Imperial Roofing Date 5/13/19
 Delivery Pick-up Pre-pull (When?) Tues 5/14/19
AM

Ticket Number _____

Job Name Wilkes P.O. Wilkes
 Delivery Date 5/14/19 Time AM
 Jobsite Contact _____ Phone _____

Account Cash Check Credit Card

Other Payment Instructions: _____

Delivery Address (Draw map on back if needed)
 Street 1216 Cedar Hurst Rd
 City Chester State SC Zip 29706
 Directions _____

Jobsite Information

Delivery Type
 One Man Roof Two Man Roof
 Ground Drop _____

Site Type
 New Construction Remodel

Obstructions (Powerlines, Trees, Etc.) _____

Delivery Confirmation Do not contact
 Contact Name _____
 Office Mobile
 Fax Email

What sides of building are accessible? _____

Product placement _____

How many stories? _____ Roof Pitch _____

Qty	U/M	Product (Include brand, type, color, etc.)
24sq.		3 Tab Nickle Gray
5		Felt
2		Pipe boots
2		Nails
2		Caps
3		Silicon

Qty	U/M	Product (Include brand, type, color, etc.)

TAKE Satellite

Order Taker: Initial to verify that entire order was read back to customer. _____
 If order was received by fax or electronically, initial here to verify that order was confirmed with customer. _____ Fax Verbal Email