



Work Order Invoice

426 Western Ave
Statesville, NC 28677
Phone: (980)223-8039
Fax: (980)223-8543

Name: Earl Wilkes Cell Phone: 803-370-9817
Name: _____ Cell Phone: _____
Address: 1216 Cedar Hurst Rd City: Chester State: SC
Zip Code: 29706 Email: _____

Main Structure Initials: TW
25yr (3 tab) Shingle Color: Nickel Gray
Sq: 23
30yr (Architectural) Shingle
Sq: _____ Color: _____
Metal Panels
Sq: _____ Color: _____ Gauge: _____

~~**Detached Structures**~~
Garage Sq: _____
Shed Sq: _____
Other Sq: _____

Other Initials: TW
Shingle Upgrade: \$ _____
Replace rotten OSB \$50.00 sheet
\$ _____
Reattach or Dispose Satellite: 1
Reattach or Dispose Antenna: _____

Imperial Roofing Will Initials: TW
1) Remove shingles and felt, and dispose of all debris if agreed
2) Sweep property for nails

Notes and Additional Terms
- R+R (25yr) 3tab shingles
- R+R (15lb) felt
- R+R (2) pipe boots
- R+R chimney silicone

Additional Notes
*Remove (1) satellite

Payment	Initials: <u>TW</u>
Original Price	\$ _____
Total Upgrades	\$ _____
Rebates/Discounts	\$ _____
Total Cost	\$ <u>7551⁹³</u>
Total Paid	\$ <u>0</u>
Total Due	\$ <u>7551⁹³</u>

All rights and obligation of the parties shall be subject to and governed by the Terms & Conditions, and amendment(s) (if applicable), and the signed work order and any subsequent modifications are hereby incorporated by reference and attached as Exhibit(s) duly accepted and signed by both parties. All work authorized will be within the scope of the work order.

[Signature] 5-10-19
Homeowner Signature Date
[Signature] 5-10-19
Authorized Agent Signature Date

Homeowner Signature Date

Authorized Agent Signature Date