

SHINGLE ORDER FORM

Today's Date:	Re	quested Delivery Date:		
Company Name : _		Circle one: Reroof	New Construction	
P.O. #:	Gate Code	Circle one: Ground Ro	oftop Pickup	
Customer Name: _		How many Stories:		
Customer Address:		Roof Pitch:		
City:	_ State: Zip:	Product Placement:		
Contact Person:	Phone #			
Quantity	Brand & Description		Type or Size	Color or Size
Sqs Or Bdls	SHINGLES: Architectural & Design	gner:		
Sqs Or Bdls	SHINGLES: 3 Tab:			
Bdls	Starter Strip:			
Bdls	Hip & Ridge:			
Rolls	Felt:			
Rolls	Ice & Water:			
Pcs	Decking:			
Bxs	Hand Nails 50#:			
Bxs	Coil Nails:			
Bxs	Hand Drive Nails 5#:			
Bxs	Plastic Caps or Staples:			
Pcs	Flashings:			
Pcs	Lead Flashings:			
Pcs	Turbins:			
Pcs	Vents:			
Pcs	Ridge Vent:			
Pcs	Valley Metal:			
Pcs	Roof Edge:			
Ea	Caulk:			
Ea	Paint:			
Rolls	S/A Cap:			
Rolls	Base:			