Rich Roofing & Exteriors
937 - 335 - Roof
www.RichRoofing.com

Roofing, Windows, Siding & Gutters

PROPOSAL

567 E STAUNTON RD.
Troy, OH. 45373
Ph. 937.335.ROOF (7663)
Fax 937.335.3285
www.richroofing.com

To: Don Knife
4247 Stump Rd.
Arcanum, OH 45304

Job Name/No:
Location: Same
Cell: 937-327-8941
Home Phone:
Work Phone:
Fax:
Date: 3-14-24

We hereby submit specifications and estimates for: Shingle Repair

1.) Replace missing + damaged shingles. (Color is IKO Dual Black.) Nail fasten any loose in same area
2.) Dispose of any work related debris

(Old shingles will be lighter than new

1 Pack Sh.

WE PROPOSE hereby to furnish material and labor-complete in accordance with these specifications for the sum of: $ 639.00
Payable as follows: ½ Down and Balance on Completion A 2% finance charge will be added to your bill if payment is not received within 5 days after the due date on your invoice. We accept Visa and MasterCard; however, if you choose this method of payment, **an additional 3%** will be added to the amount due. Due to the amount of minimal vibration during the roofing procedure, Rich & Son's will not be responsible for any interior damage. We advise that all things be properly secured to walls, ceilings, and etc. All materials are guaranteed to be as specified. In the event that this contract is canceled after contractor purchases material, any and all materials must be paid for in full. All warranties void if not paid in full. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance. This quote is good for 15 days.

ACCEPTANCE OF PROPOSAL-The prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. You have 3 business days to rescind. If you rescind after the 3rd day, a 3% restocking fee will apply. Payment will be made as outlined above. Please sign and return one copy.

Representative W.R. Date 3-14-24 Payment terms ½ down balance on completion

Authorized signature D C Knife Date 3-14-24

For office use only: **Management approval:** _____ **Date:** _____