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: Olive Wagar
1303 Greenfield Dr.
Troy, Ohio 45373

Job Name/No:
Location: Same
Cell: 937-216-2952
Home Phone:
Work Phone:
~~Fax:~~
Date: March 23rd 2026

We hereby submit specifications and estimates for:

Replace damaged or missing roof shingles from wind damage.

Shingle color to match as closely as possible.

Old shingles and all debris related to the project will be removed and properly disposed of.

WE PROPOSE hereby to furnish material and labor-complete in accordance with these specifications for the sum of: $ 439.00
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 _____ Date 3-23-26 Payment terms ½ down balance on completion

Authorized signature _____ Date _____

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