

Service Authorization Form

Order Placed By:		Date:
Company:		Time:
Phone: Email:		*Customer P.O. #:
* If a purchase order is required, acceptance of this contract is limited to a additional to or inconsistent with this form are objected to and rejected and		
Job/ Property Name:		Gate Code:
Contact:	_ Contact Phone:	
Job Address:		Suite #:
City:	State:	Zip Code:
Cross Streets/ Directions:		
Problem requiring service/location:		
Roof Type: Shake Tile Metal Comp	Shingle	_ Wood Shingle Other
Active Warranty?: With What Company	?:	
Need Service: ASAP Next Business Day Within 1 W	leek 🗌 Other	:
Invoicing / Bill To:	Attention:	
Address:		Suite #:
City:	State:	Zip Code:
Credit Card Payment Authorization: Visa D MasterCard Ca	rd Number:	
Name on Card:	Expiration	Date: CV2 Code:
Credit Card Billing Address:		
City:	State:	Zip Code:

Authorization Signature:

The repairs performed by Fryer Roofing Co., Inc. (Fryer Roofing) are based on Fryer Roofing's visual inspection and investigation of the area of the reported problem. Fryer Roofing will not perform infrared or nuclear scans, or destructive testing or water testing prior to commencing work unless specifically requested, and paid for, by Customer. Unless otherwise agreed, Fryer Roofing will only perform a visual inspection, and cannot guarantee that no additional problems will be discovered once repairs begin. Customer acknowledges and understands that, after Fryer Roofing commences its work, new or additional problems may be uncovered that were not discovered by Fryer Roofing's visual inspection and that the price and time to complete the repairs may be increased as a result of such problems. Customer further acknowledges and agrees that Fryer Roofing is not responsible for damages or leaks due to existing conditions or existing sources of leakage simply because Fryer Roofing started work or performed repair work.

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Authorized on Behalf of Customer by: