# CALIFORNIA SHEDS

## www.californiasheds.com

2646 Albatross Way, Sacramento, CA 95815
916-649-9336 • FAX 916-649-3231 • **800-28-SHEDS**

Company Name: _____ Date: _____

Name: _____ CA Contractors License #: B-948830

Site Address: _____ Sched. Del. Date: _____

City: _____ Zip: _____

X St: _____ Ad: _____ Salesperson: _____

Home Phone: _____ Work: _____ Fax: _____

P.O.# _____ Permit # _____

| | LIST PRICE | TOTAL |
|---|---|---|
| Building Size: Style: | | |
| Door Size: Placement: | | |
| Additional Door Size: Placement: | | |
| Shingle Color: lt. gray dk. gray lt. brown black other: | | |
| Concrete Stones: yes no Other: | | |
| Windows: ☐ 2x2 ☐ 3x2 ☐ 3x3 ☐ 4x3 ☐ Other | | |
| Paint: yes no Main: Trim: ☐ Cust. Supplied | | |
| Customer Supplied Paint (latex only) Gals Main: Gals Trim: | | |
| Vents: ☐ 1 pair screened 6x16 8x16 ☐ turbine ☐ thermo fan ☐ 1 pair round | | |
| Option 1: | | |
| Option 2: | | |
| Option 3: | | |
| Special Directions: | | |
| | | |
| | | |

| FOR OFFICE USE ONLY: | DIAGRAM: | | | |
|---|---|---|---|---|
| | | Delivery: | | |
| | | Subtotal: | | |
| | | Sales Tax: | | |
| INSTALLATION DATE | | Total: | | |
| | | Deposit: | | |
| INSTALLER 1 | | Balance: | | |
| | | Permit/Add: Change | | |
| INSTALLER 2 | | Balance: | | |
| | | Payment: | | |

**PAYMENT TERMS:** *A Deposit of 50% of the contract amount is required prior to scheduling. ($_____)*

*Your signature below constitutes acceptance of this agreement and all terms, conditions and requirements identified on the back of this contract*

**I have read the information on the reverse and agree to the terms and conditions stated therein.**

_____ *Deposit/Contract Agreement Accepted*

_____ *Signature Acknowledges Receipt of Shed*