



Online Customer Production Sheet

Customer: _____

Email: _____

Address: _____

Cell: _____

City : _____ St : _____ Zip : _____

Home: _____

Work: _____

<input type="checkbox"/> Contingent Signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Reason _____
<input type="checkbox"/> Insurance Scope	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Reason _____
<input type="checkbox"/> Customers Selection Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Reason _____
<input type="checkbox"/> Customers Prep Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, Reason _____
<input type="checkbox"/> Gutter Diagram Sheet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gutter Guards <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 5" <input type="checkbox"/> Standard <input type="checkbox"/> 6" <input type="checkbox"/> Custom
<input type="checkbox"/> Window Wraps	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Garage	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Siding	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Painting	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Deck Stain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Fence Stain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Misc	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Misc	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Add Info _____
<input type="checkbox"/> Roof	<input type="checkbox"/> 3 Tab	<input type="checkbox"/> 30 Yr	<input type="checkbox"/> IR <input type="checkbox"/> 50 Yr <input type="checkbox"/> Designer
<input type="checkbox"/> Tamko	<input type="checkbox"/> 3 Certainteed	<input type="checkbox"/> Owens Corning	<input type="checkbox"/> GAF-Liberty
<input type="checkbox"/> Layers	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Ridge	<input type="checkbox"/> SD <input type="checkbox"/> HD
<input type="checkbox"/> Valleys	<input type="checkbox"/> Closed <input type="checkbox"/> Open	<input type="checkbox"/> Bronze	<input type="checkbox"/> Black <input type="checkbox"/> Match
<input type="checkbox"/> Pipe Jacks	<input type="checkbox"/> 1-3" QTY _____	<input type="checkbox"/> 4" QTY _____	
<input type="checkbox"/> Vent Color	<input type="checkbox"/> Bronze	<input type="checkbox"/> Black	<input type="checkbox"/> Match
<input type="checkbox"/> Drip Edge Size	LF _____	<input type="checkbox"/> White	<input type="checkbox"/> Black <input type="checkbox"/> Bronze <input type="checkbox"/> Match
<input type="checkbox"/> Ridge Vent	<input type="checkbox"/> NO <input type="checkbox"/> YES	LF _____	
<input type="checkbox"/> Gas Caps	<input type="checkbox"/> NO <input type="checkbox"/> YES	QTY _____	
<input type="checkbox"/> Shed	<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> Same Shingle <input type="checkbox"/> YES <input type="checkbox"/> NO	Add Info _____
<input type="checkbox"/> Shed Vents	<input type="checkbox"/> NO <input type="checkbox"/> YES	Add Info _____	