

Owner Lequi McLeod DOB _____ Actv Duty Y/N
 Owner _____ DOB _____ Actv Duty Y/N
 Address: 6920 Moss Creek Way
 City: Rocky Mount State: NC Zip Code: 27804
 Cell Phone: 919-770-3379 Alt Phone: _____
 Email: _____
 Insurance Co: _____
 Claim No. _____



**CAROLINA TROPHY
ROOFS**

104 S. Business Ct
Rocky Mount, NC 27804
CarolinaTrophyRoofs.com

(252) 302-2003

Roof N Exterior Interior

ROOFING WORK: PER INSURANCE SCOPE Y N IF "N" LIST WORK TO PERFORM:
RER Asphalt Roofing system

EXTERIOR WORK: PER INSURANCE SCOPE Y N IF "N" LIST WORK TO PERFORM:

INTERIOR WORK: PER INSURANCE SCOPE Y N IF "N" LIST WORK TO PERFORM:

Upgrade Pkg:
 Standard
 Gold
 Platinum

6" Seamless Gutters
 Add Price: _____

TOTAL COST (WITH UPGRADES): \$13,818.67
 FIRST CHECK/DEPOSIT AMOUNT: \$6,909.34 METHOD: check
 RCV: 13,818.67 UPGRADE PKG: _____ GUTTERS: _____
 BALANCE DUE UPON COMPLETION 6,909.33
Roof decking will be inspected upon install, any decking will be charged separately at \$75 a sheet of 4' x 8' to cover material and labor, plank or slot board will calculated as material costs plus \$25 per board for labor.
 INITIALS _____

SHINGLE MANUFACTURER: I KO
 SHINGLE TYPE: Cambridge
 SHINGLE COLOR: Charcoal Gray
 UPGRADE COST ADDED TO RCV: _____
 INITIALS: _____

Please note, a check issued with the mortgage company's name on it is not receivable until they have endorsed it as well.

NOTES: Black drip edge

INSTALLATION BEGINS APPROXIMATELY 3-4 WEEKS AFTER DEPOSIT COLLECTED

AUTHORIZATION TO PAY
 I understand this Authorization-To-Pay extends solely for the services or repair expenses covered by my insurance policy as a result of the above loss. I agree to separately pay and be liable to Carolina Trophy Roofs LLC for any services, repairs or additional improvements made at my direction that are not covered under my insurance policy. I authorize payment of recoverable depreciation, overhead and profit (if applicable) and supplements (if applicable) on my behalf to be paid directly to Carolina Trophy Roofs LLC on the above referenced claim for the amount shown on the final estimate(s) or invoices sent by Carolina Trophy Roofs LLC by signing this Contract, property owner(s) listed above will allow this to serve as a temporary and limited power of attorney allowing Carolina Trophy Roofs LLC to endorse any payments and to apply those payments to property owner(s) account balance.

TOTAL OUT OF POCKET EXPENSE FOR THE PROPERTY OWNER(S) AS OF NOW INCLUDING YOUR DEDUCTIBLE AND ABOVE STATED UPGRADES IS:
\$13,818.67 THIS AMOUNT IS SUBJECT TO CHANGE FOR REASONS SUCH AS UNUSABLE DECKING AND ADDITIONAL WORK REQUEST.

BY SIGNING CUSTOMER HAS READ AND AGREES TO TERMS ON BACK OF PAGE.

Lequi McLeod
 (Customer Signature) DATE 10-7-24
Lequi McLeod
 (Customer Signature) DATE 10-7-2024

Joshua Jones
 (CTR Rep Signature) DATE 10/7/24
 CTR Rep Printed Name: Joshua Jones
 CTR Rep Direct Phone Number: 919-709-6151