

Proposal/Contract



"A DIVISION OF MCCANN'S ROOFING & CONSTRUCTION, LLC"

11600 N.E. 10th Street, Choctaw, OK 73020
405-259-9998 www.roofingbymccanns.com

Name:			Special Instructions:			
Address:			Travel: No charge within 30 miles of the Oklahoma City metro area of Safe Zone. There will be an additional charge per mile outside metro area. X			
City:	State:	Zip:	Safe Zone Storm Shelters, LLC is not liable or responsible for damages that may occur during the installation of the storm shelter(s) that you purchased. Damages to driveways, shrubbery, landscaping, sprinkler systems, underground utilities, pipes, sewer pipes or cables under slab that may occur that are foreseeable or unforeseeable. By signing this contract you agree that you have carefully read this contract and acknowledge that you understand it. X _____			
Phone: Residence:		Cell Phone:				
Sales Representative:	Estimate Date:	Ref. By:				
Unit Size	Installation Date on or About					
Price	\$		<input type="checkbox"/> Garage Size _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Existing Residence <input type="checkbox"/> New Construction <input type="checkbox"/> Before Slab <input type="checkbox"/> Before Framing <input type="checkbox"/> Water on site <input type="checkbox"/> Electricity on site			
Tax	\$					
Sub-Total	\$					
Additional Charges	\$					
Additional Charges	\$					
Total	\$					
1st Payment Non-Refundable	\$					
Balance	\$					
				This sketch represents shelter location X _____		

* Deposits are non-refundable

X _____

Once installers start the job they are given _____ hours to complete installation of the shelter. If installer encounters Rock, 2nd slab or Piers while excavating soil which cannot be removed without the use of jack hammers the customer will be charged \$85/hr beyond the standard time allotted for extra labor. X _____

We are not responsible for delays resulting from strikes, accidents or forces of nature. All changes, alteration or revision must be made in writing. Any increase in costs or expenses will be added to the above price. Our workers are covered by worker's compensation and liability insurance.

X _____ Safe Zone Representative's Signature _____ Date _____ Map Location: _____

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. We are authorized to do work as specified. All of first payment is non-refundable. I agree with the terms of this contract.

X _____ Customer's Signature _____ Date _____

FOR CUSTOMER SERVICE & SCHEDULING
CALL 405-259-9998