



Metal Roofing Estimate Sheet

PLEASE FILL OUT AND FAX TO:
(505) 897-0216

We Will Contact You. Thank you.

Name _____ Date _____
 Address _____
 Phone _____ Fax _____ Cell Phone _____
 Email Address _____

Color of Panels _____ Color of Trim _____ Panel Type/Guage _____

Cust	Employee	# of Panels				
			A.			
			B.			
			C.			
			D.			
			E.			
			F.			
			G.			
			Trim			
			1. Ridgecap/Hip			
			2. Valley			
			3. Eave Trim/Drip			
			4. Rake Trim			
			5. Transition Trim			
			6. Headwall			
			7. Sidewall			
			8. 3x3 Angle			
			9. 4x4 Angle			
			10. Sealant Tape			
			11. Flashing/Special			
			12. Woodgrip Screws			
			13. Lap-Tak Screws			
			14. Universal Closure			
			15. Boots			
						SUB-TOTAL
						SALES TAX
						TOTAL

Received by _____ Date _____ Customer Signature _____

(This is a request for Estimate for the materials listed above only. Prices subject to availability. Prices subject to change without notice. This Estimate is not a bid for a job or building and does not constitute an Order. We will contact you with details once Estimate is complete.)