

Roof Model Order Form

Form

Updated 4/11



*Quality You Can Trust...From
North America's Largest Roofing Manufacturer!™*



Certified Contractor Program Roof Model Request Form

Date: _____

Company Name:		GAF License #	
Contact:	Email:		
Address:			
City:	State:	Zip:	
Phone:		Fax:	

Order Information

NOTE:

- Roof Model(s) will be shipped to address provided
- Allow 28 day lead time.
- All Roof Model sales are **final**. No cancellations or returns allowed.

<p>Pricing:</p> <ul style="list-style-type: none"> • \$200.00 for Each Roof Model • 2 unit limit for GAFBuck purchase per contractor • All remaining orders must be paid for by Credit Card 	<p>Order Ship To:</p> <p><input type="checkbox"/> Ship to the address above <input type="checkbox"/> Ship to the following address:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Company:</td> </tr> <tr> <td>Contact:</td> <td colspan="2">Phone:</td> </tr> <tr> <td colspan="3">Address:</td> </tr> <tr> <td>City:</td> <td>ST:</td> <td>Zip:</td> </tr> </table>	Company:			Contact:	Phone:		Address:			City:	ST:	Zip:
Company:													
Contact:	Phone:												
Address:													
City:	ST:	Zip:											

➔ **Order Quantity:** _____

<i>Choose Payment Method:</i>		
<input type="checkbox"/> Check enclosed <input type="checkbox"/> Use my available GAFBucks (subject to verification) Limit 2 units per contractor <input type="checkbox"/> Charge my credit card: <input type="checkbox"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Credit Card Number	Expiration Date	Signature:
	/	

<p>Credit Card or GAFBuck orders:</p> <p>Fax to: 973-628-3799 or 973-628-3866 Attn: Lisa Nystrom—Roof Model</p> <p>Email: CCP@gaf.com Subject Line Attn: Lisa Nystrom – Roof Model</p>	<p>CHECK: Please make checks payable to: GAF</p> <p>Mail to: Lisa Nystrom GAF Certified Contractor Programs 1361 Alps Road - Bldg 11-1 Wayne, NJ 07470</p>
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