

Remedy



Roofing



www.remedyroofing.com
 888 MAIL PRO • 888 424 3778
 www.remedyroofing.com



PROPOSAL RESPECTFULLY SUBMITTED TO:

Name Cheng-Ling Wu
 Address 21433 Willow Glade Dr
 City, St Rty TX 77450
 Telephone 713-398-8028
 Alt. No _____

WORK TO BE PERFORMED AT:

Address Seminole
 City, St TX
 Material Location L 50D
 Email Address 1 mch/wu@yahoo.com
 Email Address 2 _____

SCOPE OF WORK:

- Re-Roof** **New Construction**
- Tear Off Existing Roof**
- Type Asph/Flt Layers 1
- Replace rotten/damaged decking as necessary
- 3 SIKKENS FLS
- COX OSB Coolply
- Felt Paper 15# 30#
- Closed Valley System (5 layers)
- Star-Battmanized Valley Flashing
- 36" StormGuard in Valleys Chimney(s)
- Metal Grip Edge Color _____
- 1 1/2" x 1 1/2" 2" x 2"
- 4-6 Nails in all Shingles
- Roofing Nails 1/4" 1 1/2"
- 8D Decking Nails for Re-Deck
- Starter Strip
- ReFlash Chimney(s) _____ and other walls as needed Wood Brick
- ReFlash Skylight(s) _____

- Ventilation**
- Ridge Vent All Ridge Air Hawks Wind Turbines Power Vent
- Remove _____
- Replace _____
- Keep _____
- Lead Jack 1 1/2" 4" 3" 8"
- Roof Vents 4" 4" 8"
- Paint All Vents to Match Shingle Color
- Remove All Trash from Gutters/Job Site
- Magnetic Nail Sweep Yard and Driveway
- POOL COVER**
- Place Remedy Roofing sign in yard
- 5 Yr. Workmanship Warranty
- Notes: _____

GAF SHINGLES:

- El-Tao
- Royal Sovereign (3 Tab)
- Shingle Color _____

- Timberline Series
- Natural Shadow Lifetime
- High Definition Lifetime
- Armor Shield II Impact Resistant
- Cool Series (Energy Saver)
- Hip & Ridge
- 3-Tab (Standard)
- 7-Ridge
- Timberline

NOTES/EXTRAS:

All supplements from the insurance company are entitled to Remedy Roofing

You and Remedy Roofing, Inc. agree that Remedy Roofing, Inc. will perform the repair and/or replacement of the damaged areas that your insurance carrier authorizes, according to the insurance carrier's authorized specifications for a price equal to the total replacement cost value (total on contract will be revised according to Remedy Roofing, Inc. and your insurance carrier agreeing on a final RCV total including all supplements) that the insurance company determines (before the deduction of your deductible which you must pay). You understand that Remedy Roofing, Inc. will not be required to perform the work and finish the master's authorized by the insurance carrier. If your insurance carrier denies your claim this contract will terminate and neither you nor Remedy Roofing, Inc. will have any further obligations to each other and you will not owe anything to Remedy Roofing, Inc.

Homeowner (Initial) _____
TOTAL PROPOSAL PRICE: \$ _____
DUE UPON ACCEPTANCE \$ _____
DUE UPON COMPLETION \$ _____

Respectfully Submitted By: _____
 Remedy Roofing, Inc. Sales Rep (Signature)
 By signing this contract, I acknowledge all terms and conditions on the reverse side. "Know Your Rights and Duties" You, the buyer, may cancel this transaction at any time before midnight of the third business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right.

Homeowner Signature _____ Date 12/4/11
 Homeowner Signature _____ Date _____
 Homeowner (Print Name) _____
 Homeowner (Print Name) _____

*In addition to the Contract Price above, all supplemental payments obtained by Remedy Roofing, Inc. are due to Remedy Roofing, Inc. upon completion.



(281/713) 777-7777

10515 OKANELLA, #100
HOUSTON, TX 77041

MPL40219 B. McMasters

Corporate Customer Relations
(866) 803-0879

DISPATCH	8:55
TIME WINDOW	ND
ARRIVAL	9:45

INVOICE: 9131-57397

License # TACLB043711E - J. Dooley, M. [redacted] TECL19006 - M. Perryman www.ARS.com

AIR CONDITIONING • HEATING • PLUMBING • DRAIN CLEANING • ELECTRICAL • APPLIANCE • INSULATION

NAME <u>CHOONT KIM</u>	PH # <u>214-909-8719</u>	BILL TO <u>7134989444</u>	<input type="checkbox"/> RP <input type="checkbox"/> MT	DATE <u>4/25/16</u>
ADD <u>21423 Willow GLADE DR</u>	PH #	BILL ADD <u>STR # 6561</u>	<input type="checkbox"/> CB <input type="checkbox"/> AW	CALL # <u>7257122</u>
C/ST/ZP <u>KATY TX 77450</u>	EMAIL <u>486N</u>	C/ST/ZP	<input type="checkbox"/> TO	TECH / # <u>Eddie 538</u>
			<input type="checkbox"/> OT	

DIAGNOSIS / RECOMMENDATIONS

MAKE	MODEL	SERIAL #	APPROX AGE			
A. <u>HEEM</u>	<u>XG501MHE50</u>	<u>011545158</u>				
B.	<u>ND</u>		<u>50 Gallon</u>			
SUCTION PSI	SUPER HEAT	LIQUID PRESS	SUB-C	COMP AMPS	ODB OWB	
IWB	IDB	FAN AMPS	GAS PRESSURE	ELECTRIC HEAT AMPS	TEMP RISE	RECOVERED REFRIGERANT LBS/ LBS
DAMAGE? <input type="checkbox"/> NO <input type="checkbox"/> YES-See separate "Report". Tech initials _____				STANDARD PRICING	HSP CUSTOMER PRICING	
ORIGINAL SERVICE REQUEST						
<u>Plm</u>				<u>1616.</u>		
<u>water heater not working</u>						
<u>2nd floor walk in attic</u>						
Insulation Level _____ in.		Rad Bar Yes / No				
See Recommendations Addendum Option # _____						

INVOICE

CODE #	DESCRIPTION OF SERVICES, PARTS, AND WORK PERFORMED	PRICE
	<u>water heater was in</u>	<u>1616.00</u>
	<u>A walk in attic, 2nd floor</u>	
	<u>Attic</u>	
	<u>Installed a new 3/4 ball valve</u>	
	<u>3.45 3/4 nipple, 3/4 copper</u>	
	<u>male adapter, 1/2 cup 3/4</u>	
	<u>24 water flex & also a</u>	
	<u>new 1/2 gas flex, & also a</u>	
	<u>1/2 gal gas water</u>	
	<u>heater, all with</u>	
	<u>help drain water heater</u>	
	<u>outside. Thank you</u>	
		<u>1616.00</u>

• The estimated price does not include sales or other tax, if any, or cover unforeseen parts or labor, which may be needed after the work begins. Written customer authorization will be obtained before beginning any additional or extended work. I authorize the performance of the work, subject to all the terms and conditions set forth on the reverse side hereof, plus any taxes upon completion.

• You, the buyer, may cancel this transaction, at any time prior to midnight of the third business day after the date of this transaction if, and only if, the merchant breaches an express warranty or negligently installs the goods or services in violation of an applicable building code. See the attached Notice of Cancellation form for an explanation of this right.

• This contract is subject to Chapter 27, Property Code. The provisions of that chapter may affect your right to recover damages arising from the performance of this contract. If you have a complaint concerning a construction defect arising from the performance of this contract and that defect has not been corrected through normal warranty service, you must provide notice regarding the defect to the contractor by certified mail, return receipt requested, not later than the 60th day before the date you file suit to recover damages in a court of law or initiate arbitration. The notice must refer to Chapter 27, Property Code, and must describe the construction defect. If requested by the contractor, you must provide the contractor an opportunity to inspect and cure the defect as provided by Section 27.004, Property Code.

Signature: X Choon Kim

Date: 4/25/16

SUBTOTAL	
TRUCK OPERATING SUPPLIES	\$15.00
ORIG. EST. (+ SALES TAX)	<u>1616.00</u>
Est. date of comp.	<u>4/25/16</u>

WARRANTY ITEM(S)	PARTS:	LABOR:	DIAGNOSTIC FEE
<u>One warranty labor only</u>			
	PARTS:	LABOR:	SUBTOTAL
PAYMENT METHOD			<input type="checkbox"/> RENEW HSP
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ PO # <u>212</u>			<input type="checkbox"/> PURCHASE
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISC <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER			TRUCK OPERATING SUPPLIES \$15.00
CC LAST 4# <u>2581</u> EXP <u>03/14</u> AUTH # <u>255945</u>			COMM TAX
My signature below acknowledges that the work has been completed and I agree to the sum total of the charges and payment method.			TOTAL <u>1616.00</u>
Print Name <u>Choon Kim</u>			Please contact me about future offers. <input type="checkbox"/>
Signature <u>Choon Kim</u>	Date <u>4/25/16</u>		



(281/713) 777-7777

10515 OKANELLA, #100
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MPLA0219 B. McAdams

Corporate Customer Relations

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DISPATCH	
TIME WINDOW	
ARRIVAL	

INVOICE: **9131-57408**

License # TACL043711E - J. Dooley, [REDACTED]

TECL19006 - M. Perryman

www.ARS.com

AIR CONDITIONING • HEATING • PLUMBING • DRAIN CLEANING • ELECTRICAL • APPLIANCE • INSULATION

NAME <i>Choont Kim</i>	PH # <i>14-909-8719</i>	BILL TO	<input type="checkbox"/> RP <input type="checkbox"/> MT	DATE <i>4/21/16</i>
ADD <i>21423 Willow Glade Dr</i>	PH #	BILL ADD	<input type="checkbox"/> CB <input type="checkbox"/> AW	CALL # <i>9249425</i>
C/ST/ZP <i>77456</i>	EMAIL	C/ST/ZP	<input type="checkbox"/> TO	TECH / # <i>TJ/148</i>
			<input type="checkbox"/> OT	

DIAGNOSIS / RECOMMENDATIONS					
MAKE	MODEL	SERIAL #	APPROX AGE		
A.					
B.					
SUCTION PSI	SUPER HEAT	LIQUID PRESS	SUB-C	COMP AMPS	ODB OWB
IWB IDB	FAN AMPS	GAS PRESSURE	ELECTRIC HEAT AMPS	TEMP RISE	RECOVERED REFRIGERANT LBS/ LBS
DAMAGE? <input type="checkbox"/> NO <input type="checkbox"/> YES-See separate "Report". Tech initials _____			<input checked="" type="checkbox"/> STANDARD PRICING	<input type="checkbox"/> HSP CUSTOMER PRICING	
ORIGINAL SERVICE REQUEST <i>H-D</i>					
Insulation Level _____ in.		Rad Bar Yes / No			
See Recommendations Addendum Option # <i>2</i>					

INVOICE		
CODE #	DESCRIPTION OF SERVICES, PARTS, AND WORK PERFORMED	PRICE
	<i>Rheem 50 gal GAS TANK</i>	
	<i>Gas Water Heater</i>	
	<i>Basic Install</i>	
	<i>Attic Water Flex GAS Flex</i>	
	<i>Supply Stop</i>	<i>1616.00</i>
	<i>Start Monday Am</i>	

• The estimated price does not include sales or other tax, if any, or cover unforeseen parts or labor, which may be needed after the work begins. Written customer authorization will be obtained before beginning any additional or extended work. I authorize the performance of the work, subject to all the terms and conditions set forth on the reverse side hereof, plus any taxes upon completion.

• You, the buyer, may cancel this transaction, at any time prior to midnight of the third business day after the date of this transaction if, and only if, the merchant breaches an express warranty or negligently installs the goods or services in violation of an applicable building code. See the attached Notice of Cancellation form for an explanation of this right.

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Signature: X *CHOONT KIM* Date: _____

SUBTOTAL	
TRUCK OPERATING SUPPLIES	\$15.00
ORIG. EST. (+ SALES TAX)	
Est. date of comp. _____	

WARRANTY ITEM(S)	PARTS:	LABOR:	DIAGNOSTIC FEE
	PARTS:	LABOR:	SUBTOTAL

PAYMENT METHOD	
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ PO # _____	
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISC <input type="checkbox"/> AMEX <input type="checkbox"/> OTHER _____	
CC LAST 4# _____ EXP _____ AUTH # _____	
TRUCK OPERATING SUPPLIES	\$15.00
COMM TAX	
TOTAL	

My signature below acknowledges that the work has been completed and I agree to the sum total of the charges and payment method.
Print Name _____ Signature _____ Date _____
Please contact me about future offers.



Recommendations Addendum

MPL40219 B. McMasters

(281/713) 777-7777

10515 Okanella, #100, Houston, TX 77041

LICENSE # TACLB043711E - J. Dooley, M. Perryman

57408

Customer Name: Chonggi Kim Phone #: 909-8719 Date: 4/21/16 Orig. Contract/Invoice #: _____
 Address: 21423 Willow Glade Dr City: _____ State: _____ Zip: 77450 Home Age: 9249425

OPTION 1:		STANDARD	Home Service Plan
	Basic Install	\$ _____	\$ _____
	Applc	Customer Initial	Customer Initial
	Water Flex		
	Gas Flex		
	Supply Valve		
	<u>1037⁰⁰</u>		
OPTION 2:		STANDARD	Home Service Plan
	Phon 50 gal GAS TANK	\$ _____	\$ _____
	6yr 479 ⁰⁰	Customer Initial	Customer Initial
	9yr 579 ⁰⁰		
	12yr 696 ⁰⁰		
	1037 ⁰⁰		
	1516 ⁰⁰		
	1616 ⁰⁰		
	1733 ⁰⁰		
OPTION 3:		STANDARD	Home Service Plan
	1.5 Cubic ft Carbon filter System Installed Complete	\$ <u>3347⁰⁰</u>	\$ _____
		Customer Initial	Customer Initial
	Flow Tech Installed Complete		\$ <u>1950⁰⁰</u>

Technician's Signature: _____ Customer's Signature: Chonggi Kim

WHITE - ATTACH TO THE ORIGINAL INVOICE/CONTRACT YELLOW - CUSTOMER COPY



UNITED BY EXCEPTIONAL SERVICE[®]

upstairs



CONDITIONAL 10 YEAR WARRANTY CONSUMER WARRANTY CONFIRMATION

PRODUCT INFORMATION

Model	Serial	Registration Date	Install Date
RA14	W281625636	10/25/2016	10/25/2016
RCF	W351620760	10/25/2016	10/25/2016

CUSTOMER INFORMATION

First Name Mr. & Mrs. Kim
Last Name Choong
Email heenamkim@gmail.com
Phone 214-909-8719 , 214 437 6226,
Address 21423 Willow Glade
City Katy
State TX
Postal Code 77450

CONTRACTOR INFORMATION

Name Viser's Integrity Air
Tony Viser
Email Visersintegrityair@gmail.com
Phone 281-239-6100
Address 2800 E. Broadway
City Pearland
State TX
Postal Code 77581

 281-300-7155 (Mobile)
 visersintegrityair@gmail.com

Your Conditional 10 Year Warranty is now registered, and will be honored in the event of a warranty claim, ONLY if all additional terms and conditions detailed in the Manufacturer's Warranty Certificate, are satisfied.
View our Privacy Policy at Ruud.com.



Viser's Integrity Air
 "See Integrity. Feel Comfort™"

(Over 30 years experience)
 HVAC - 23330E
 NATE - 1024743
 IGSHPA - 3255-1113
 GEOTHERMAL INSTALLER

Air Conditioning & Heating
 Licensed - Insured
 TACL8023330E

