



Different Strokes

"When it is time to paint!"

#16

EXTRA WORK ORDER NO. 000000000

1475 Jillbarr Court
Telluride, CO 81435
Office ..970.xxx.xxxx
Fax.970.xxx.xxxx
bill@calform.com

Owner's Name: JOHN Q. CUSTOMER		Owner's Address 949 GRANT STREET, SUITE 4A	
Owner's City BENICIA	Owner's Zip Code 94510	Owner's Phone 707.747.4735	Owner's Work Phone 800.820.5656

Project Name & Address 747 Boeing St., Ste. 757, Benicia, CA 94510	Email bill@calform.com
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In conformance with and as a part of the existing contract dated 8-10-10 YourCompanyNameHere is hereby authorized by the OWNER or OWNERS AUTHORIZED AGENT to make change (s) to the above project and/or order any additional labor and materials, services, supplies and other items listed below and/or otherwise needed to complete the requirements of the

a. Scope of the extra work:

THIS IS THE PAINTING CONTRACTORS EXTRA WORK ORDER - FORM CO2-C This form is used TO ELIMINATE THE BIGGEST CAUSE FOR DISPUTE ON YOUR PAINT JOBS... GETTING PAID FOR EXTRA WORK! This is an important document that is used to get authorization from the property owner to do extra work BEFORE being done so disputes don't happen. Extra Work Orders are actually a change order where the price goes in one direction... UP! THIS FORM IS AVAILABLE AS A CUSTOM PRINTED FORM, AS A FILLABLE PDF FORM, AND AS PART OF ACT CONTRACTORS FORMS ON DISK FOR PAINTING CONTRACTORS.

Call 1.800.820.5656 to order!

b. Payments for this order to be made as follows and will effect the schedule of progress

Date of completion as set forth in the existing contract is hereby extended 4 days because of the necessary to complete this Extra Work Order.

PREVIOUS

This Extra Work Order v original contract

REVISED contract total amount

OWNER'S ACCEPTANCE: The above Extra Work Order shall be performed under ' signature below signifies your agreement and approval of this change order.

By: (signature of owner or authorized agent)

Date:

CONTRACTOR'S ACCEPTANCE: YourCompanyNameHere, agrees to perform this specifications and stated price.

By: (signature of contractor or authorized agent)

Date:

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