



Vendor # 55700 Use Item # 250842

Manual Order by Genesis 1.4 screen

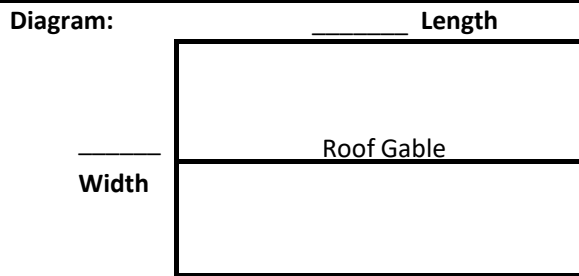
[www.americasbuildings.com](http://www.americasbuildings.com) | Phone: 502-921-0177 | Fax: 502-921-0178 FAX THIS FORM AND PO WORKSHEET IMMEDIATELY

|                          |                       |              |
|--------------------------|-----------------------|--------------|
| Date: _____              | Store #: _____        | State: _____ |
| Lowes Phone #: _____     | City: _____           |              |
| Assoc. Email : _____     | Invoice Number: _____ |              |
| Lowes Assoc. Name: _____ | PO #: _____           |              |
| Associate #: _____       | Project #: _____      |              |

| Sale Date:                                      | Customer Info                                  | Pricing Summary          |
|---|--|--------------------------|
| Name: _____                                     | Home Phone: _____                              | Sale Price: \$ _____     |
| Address: _____                                  | Work Phone: _____                              | Options Total: \$ _____  |
| City: _____                                     | Other Phone: _____                             | Subtotal: \$ _____       |
| State: _____ Zip: _____                         |  | Sales Tax: \$ _____      |
| Email: _____                                    |  | Total Due: \$ _____      |
| <b>Delivery Address if different from above</b> |  | Total Received: \$ _____ |
| Address: _____                                  | All Weather Delivery? <input type="checkbox"/> |                          |
| City: _____ State: _____ Zip: _____             |  |                          |

| Building Details  |  | Enter Model # from Tearpad  |
|---|--|---|
| Siding Type: _____<br>Wood, Metal, Vinyl, etc., as listed | Style: _____<br>The Name on Tearpad                | Size: _____   |
| Body Color: _____<br>See Tearpad or website for colors    | Roof Type: _____<br>Metal or Shingle (see tearpad) | Load with Doors Facing<br><input type="checkbox"/> Cab <input type="checkbox"/> Back of Trailer<br><input type="checkbox"/> Driver's Side <input type="checkbox"/> Passenger's Side |
| Trim Color: _____<br>See Tearpad or website for colors    | Roof Color: _____<br>(See tear sheet for options)  | Notes: _____  |

| Option Name | Qty | Total Price |
|-------------|-----|-------------|
|             |     |             |
|             |     |             |
|             |     |             |



**REQUIRED: Layout must be filled out**  
Use slashes to show window and door placement. Denote loft & option place.

Other Sale Notes:

**CUSTOMER:** Upon sale, your order will be sent to installer. They will review the order and place building in production. **ALL BUILDINGS ARE DELIVERED FULLY CONSTRUCTED** to your site. If you have any questions call **502-921-0002**. We level the building not the ground. **Delivery scheduler can provide clear advice when they call as to what you will need to have available for driver to level your building, please ask them at time of call.** We recommend solid concrete blocks **provided by you** to level the building. Paver blocks are available to purchase at Lowe's. Driver will level to what he/she deems safe. Customer is responsible to provide clear access to site. Lowe's Associates, America's Buildings, or the Transport Company shall in no way be responsible for damage occurring as a result of transport, setting up of portable building to, but not limited to, yard, shrubs, trees, septic tanks, and laterals, gas tanks, water lines, water meters, etc. **All permits, zoning codes, setbacks, and/or compliance, excavation are the responsibility of the customer.** Additional charges may be incurred if delivery and setup takes longer than 1 hour. **Cancellation of order after 72 hours from order placement results in a restocking fee of 15% of sale.** Customer validates that building can be delivered fully built. **Tie downs, anchors, and other items required by codes, etc., are the responsibility of the customer.** Customer is prohibited from assisting in set up and delivery due to insurance regulations. **Lowe's associate must FAX BOTH THIS ORDER AND PO WORKSHEET TO 502-921-0178 ASAP. ORDER DATE WILL BE THE DATE WE RECEIVE BOTH FORMS.**

|  |   |                                    |
|--|---|------------------------------------|
| Customer Signature: _____  | Date: _____                                     | Email\Faxed _____                  |
| Customer Signature: _____  | Date: _____                                     | <b>OFFICE USE ONLY</b> Shop: _____ |
| (The customer(s) signing the order form must be available at time of delivery) |   | Verified: _____                    |
| V20200724  | <b>Not responsible for typographical errors</b> | TDD: _____                         |
|  |   | Initials: _____                    |

- Instructions for VIHC\Lowes Associate**
1. Fill out form above
  2. Enter sale in Genesis 1.4 by entering cost
  3. P Print Worksheet
  4. Fax this form and PO to 502-92-10178 ASAP or email to [pam@americasbuildings.com](mailto:pam@americasbuildings.com)
  5. Call 502-921-0002 to verify receipt of fax