

ADDITIONAL WORK AUTHORIZATION

Your Company's Name

123 Main Street
City, State and Zip
123-456-7890

OWNER'S NAME		PHONE	DATE
STREET		JOB NAME	JOB NUMBER
CITY	STATE	STREET	
EXISTING CONTRACT NUMBER	DATE OF EXISTING CONTRACT	CITY	STATE

You are authorized to perform the following specifically described additional work:

CROWNMAX
SAMPLE

ADDITIONAL CHARGE FOR ABOVE WORK IS: \$ _____

Payment will be made as follows: _____

Above additional work to be performed under same conditions as specified in original contract unless otherwise stipulated.

Date _____ 20____ Authorizing Signature _____
(OWNER SIGNS HERE)

We hereby agree to furnish labor and materials - complete in accordance with the above specifications, at above stated price.

Authorizing Signature _____ Date _____ 20____
(CONTRACTOR SIGNS HERE)

THIS IS CHANGE ORDER NO. _____

NOTE: This Revision becomes part of, and in conformance with, the existing contract.