



Custom Modular Direct

Final Print Approval

Date:

Site Address:

Customer Name:

County:

Current Address:

Quote Number
 Plan Number
 Serial Number

Revision Date	Revision #

Total Amount From Quote Sheet:	\$	-
Total from all change orders	\$	-
Total Deposit Required	\$	-
Initial Deposit	\$	-
Balance Due with the Production Release Form	\$	-

Acceptance of Responsibility

I hereby give final approval to the blueprints submitted with this form. I realize it is my sole responsibility to review these blueprints and verify that all items discussed are included. I realize that Custom Modular Direct and the manufacturer are not responsible for items verbally discussed which are not incorporated into the written order documents. I understand that there will be No Changes Accepted once this form is submitted.

 Sign Date

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