## JOB INFORMATION FORM

| Date: | Customer Account \# |
| :---: | :---: |
| Customer Name: | Contact Name: |
| Customer Address: |  |
| City: | State:__ Zip: |
| Phone: | Email: |

## Project Information

PLEASE PROVIDE THE FOLLOWING INFORMATION TO BEGIN PROCESSING YOUR MATERIAL ORDER:

1. Job\# $\qquad$ PO\# $\qquad$ Est. Amt \$ $\qquad$
Project Name/Description
Physical Address of Job Site: $\qquad$
City: $\qquad$ State: $\qquad$ Zip (required): $\square$
2. 

$\square$ Tax Exempt

Provide Tax Exemption CertificationResale Exemption
$\square$ Taxable
Provide Tax Resale Certificate
3. Property Owner: $\qquad$ Ph\#: $\qquad$
Address: $\qquad$
City: $\qquad$ State: ___ Zip: $\qquad$ Email: $\qquad$
4. General Contractor: $\qquad$ Ph\#: $\qquad$
Address: $\qquad$
City: $\qquad$ State: ___ Zip:
Email: $\qquad$
5. Sub-Contractor: $\qquad$ Ph\#: $\qquad$
Address: $\qquad$
City:___ State:___Zip:___ Email:___
6. Is the project bonded: $\square$ No $\square$ Yes *Attach copy of payment bond Bond \# $\qquad$
7. Surety Agent $\qquad$ Surety Co $\qquad$
Address $\qquad$ Address $\qquad$

| Email | Email |
| :---: | :---: |
| Ph\# | Ph\# |
| Fax\# | Fax\# |

