



Ship to	_____
Salesman	_____
Branch	_____

JOB INFORMATION FORM

Date: _____, 20__ 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# _____ PO# _____ Est. Amt \$ _____
 Job **Name**/Description _____
 Physical Address of Job Site: _____
 City: _____ State: _____ **Zip** *(required)*: _____

2. Tax Exempt Resale Exemption Taxable
Provide Tax Exemption Certification Provide Tax Resale Certificate

3. Property **Owner**: _____ Ph#: _____
 Address: _____
 City: _____ State: _____ Zip: _____

4. **General Contractor**: _____ Ph#: _____
 Address: _____
 City: _____ State: _____ Zip: _____

5. **Sub-Contractor**: _____ Ph#: _____
 Address: _____
 City: _____ State: _____ Zip: _____

6. Is the project **bonded**: No Yes **Attach copy of bond* Bond # _____

7. Surety Agent _____ Surety Co _____
 Address _____ Address _____

 Ph# _____ Ph# _____
 Fax# _____ Fax# _____