



JOB INFORMATION FORM

Branch # _____
Salesman # _____

Please Fax Back to
ATTN: CREDIT
Fax: 713-937-0696

Date _____ Customer's Account# _____
Customer's Name _____ Contact Person _____
Phone _____ Fax _____

WE ARE IN RECEIPT OF YOUR RECENT ORDER AND ARE REQUESTING THE FOLLOWING INFORMATION TO BE **COMPLETELY FILLED OUT** IN ORDER TO CONTINUE BEING PROCESSED.

1. Job # _____ P.O. # _____ Est. Amount\$ _____
Job Description _____
Physical Address of Job Site _____

Job Tax Exempt? _____ Yes _____ No (If yes, Attach Tax Exempt Certificate.)

2. Job Owner _____ Phone # _____
Address _____

3. General Contractor _____ Phone # _____
Address _____

4. Sub-Contractor _____ Phone # _____
Address _____

Is job bonded with a payment bond? If yes, attach copy? _____ YES _____ No

5. Bond # _____
6. Surety Agent _____ Surety Co. _____
Phone # _____ Phone # _____
Address _____ Address _____

*** Office Use Only*** Ship-to abbreviation: _____