



PROJECT INFORMATION REQUEST FORM

* 1) CUSTOMER NAME: _____

* 2) Name of Project: _____
(PLEASE REFER TO THE ABOVE PROJECT NAME WHEN PLACING ORDERS)

* 3) Estimated proposed Amount Of Purchase: _____

4) _____ Check if attaching Bonding Information and proceed to #11

5) _____ Check if attaching Joint Check Agreement, please proceed to #11

General Contractor Information:

* 6) Name of General Contractor _____

* 7) Contact Person _____ Contact Phone # _____

Owner of Property Information:

* 8) Name of Property Owner _____

9) Contact Person _____ Contact Phone # _____

Location of Property where Materials are being installed:

*10) Address or Legal Description: _____

City _____, County _____ State _____ ZIP _____

11) _____ Check if Project is Tax Exempt and please attached Certificate

12) _____ Check if Project MBE reporting is required.

Please return this request form to your Salesperson for processing

* Represents required field

Person completing this request form:

Name: _____, Title _____

Phone Number: _____ Date Completed _____