

JOB INFORMATION SHEET



PLEASE FAX TO 936-441-8468, ATTN: CREDIT DEPT, PRIOR TO STARTING EACH NEW JOB

CUSTOMER #: _____

CUSTOMER	NAME		PC#
	ADDRESS		SALESMAN #
	CITY, STATE ZIP		PO#
	PHONE	FAX#	
JOB	JOB NAME		JOB #
	JOB ADDRESS		
	CITY, STATE ZIP		
	LEGAL DESCRIPTION	COUNTY	
GENERAL CONTRACTOR	NAME		PHONE #
	ADDRESS		FAX#
	CITY, STATE ZIP		EMAIL
PROPERTY OWNER	NAME		PHONE #
	ADDRESS		FAX#
	CITY, STATE ZIP		EMAIL
BOND COMPANY	NAME		PHONE #
	ADDRESS		FAX#
	CITY, STATE ZIP		EMAIL
	AGENT	BOND #	BOND DATE

IS THIS A TAX EXEMPT JOB? YES ___ NO ___ IF YES, PLEASE ATTACH THE APPROPRIATE TAX EXEMPT CERTIFICATE.

FOR CREDIT DEPARTMENT USE ONLY	FIRST SHIPMENT DATE	LAST SHIPMENT DATE
	NOTICE OF COMPLETION	PRELIMINARY NOTICE MAILED
	FINAL NOTICE MAILED	LIEN RECORDED
	LIEN RELEASED	REMARKS