



JOB START / INFORMATION FORM

REQUIRED:

1. Fill out the Job Information Sheet **COMPLETELY**.
 2. A signed purchase order, identifying project, and stating the approximate material requirements.
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A. Customer Name: _____ Acct # : _____
B. Phone: _____ FAX: _____
C. E-mail address: _____

D. Customer Relationship to Job: Owner General Contractor Subcontractor
Is customer installing materials (if applicable) Yes No
 Other (specify) _____
 New Construction Improvement

E. Type of Job: Private Work Public Work (City or State) Federal Work
Need Job Number on Federal and State Jobs: _____

F. Job Name _____
Street Address: _____
City: _____ State: _____ Zip: _____
Job No: _____ and / or P.O. No: _____
Estimated cost of Matl. \$ _____ Completion Time: _____
Customer Project Manager: _____
Job Phone #: _____ FAX: _____

G. Owner/Awarding Authority: Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip _____ FAX: _____

H. Lender: Name _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip _____ FAX: _____

I. General Contractor:
1. Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip _____ FAX: _____
2. Surety Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip _____ FAX: _____

J. Subcontractor: (if other than customer)
1. Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip _____ FAX: _____
2. Architect: Name _____ Phone: _____
Street Address: _____
City: _____ State _____ Zip _____ FAX: _____

NOTICE OF COMMENCEMENT: If available, fax a copy of the Notice of Commencement with this form.
If Notice of Commencement is unavailable, please fax legal description of improved property with this form to:
214-350-0594.