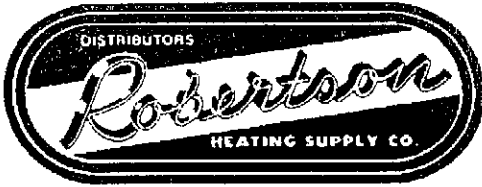


COMMERCIAL JOB INFORMATION SHEET



2155 West Main Street • P.O. Box 2448
Alliance, Ohio 44601
(330) 821-9180 • Fax: (330) 821-1186

Customer: _____ Phone: _____

Street Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

Customer: ☐ Owner ☐ General Contractor ☐ Subcontractor ☐ Material Supplier ☐ Other Acct # _____

PROJECT INFORMATION (REQUIRED)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

OWNER/AWARDING AUTHORITY (REQUIRED)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

LENDER (REQUIRED IF JOB FINANCED)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

ATTORNEY (OPTIONAL)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

PRIME CONTRACTOR (REQUIRED)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

PRIME'S BONDING COMPANY (REQUIRED IF JOB BONDED)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

SUBCONTRACTOR (ADDITIONAL)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

ADDITIONAL BONDING COMPANY (OPTIONAL)

NAME _____

STREET ADDRESS _____

PHONE _____

EMAIL _____

CITY _____ STATE _____ ZIP _____

Estimated Quantity: _____

Estimated Dollar Value: _____

This job will have: ☐ One furnishing ☐ Several furnishings ☐ Do not know