

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