

## JOB SHIP-TO INFORMATION

ACCOUNT NAME:		DATE:	BRANCH:
TYPE OF CONTR	ACT:	ESTIMATED PURCHASES	PONDING:
Prime (Direct with Owner) $\square$ Sub-Contract(with G.C.) $\square$			GC YES \( \Boxed{1}\) NO \( \Boxed{1}\) EC YES \( \Boxed{1}\) NO \( \Boxed{1}\)
TAX EXEMPT #		OTHER INFO:	EC 1250 NO D
	NAME:		
JOB NAMES & SHIP TO ADDRESS	ADDRESS:		
	CITY/STATE/ZIP:		
	PRICE CODE (MUST COMPLETE)	SPECIAL SHIPPING INSTR	RUCTIONS:
	TYPE OF CONSTRUCTION:  NEW ADDITION REMOD	DEL CITY COUNTY STA	TE FEDERAL PRIVATE
	NAME:	CONTACT:	
OWNER	OWNER ADDRESS:		
OWNER'S AGENT OR	NAME:	CONTACT:	
LENDER/TITLE CO.	ADDRESS		
(If applicable)	ADDRESS:		
	NAME: CONTACT:		
GENERAL	PHONE: ( ) -		
CONTRACTOR	ADDRESS:	, , ,	
	\$	ELECTRICAL CONTRACT AMOUNT	2 <sup>ND</sup> BID ELECTRICAL AMOUNT \$
CONTRACT TERMS	BY MONTHLY REQUISITION COMPLETED UNITS ONLY	I JOB $\square$ YES $\square$ NO FOR MATERIAL STORED OFF JOB $\square$ YES $\square$ NO	
	OTHER (EXPLAIN)		
Form completed by: Contact person (if different):			