



CONTRACTOR JOB INFORMATION SHEET

Please complete this form and return to us along with the signed Sales Confirmation.

Date: _____

FBP&S Order #: _____

CONTRACTOR INFORMATION

Contractor Name: _____

Address: _____

City, State, Zip: _____

Main Phone: _____ Toll Free: _____ Fax: _____

Contact Person: _____ Title: _____

Email: _____

Direct Phone: _____ Cell: _____ Ext: _____

Contractor Billing Information (if different):

Address 1: _____

Address 2: _____

City, State, Zip: _____

Contact Person: _____ Title: _____

Email: _____

Direct Phone: _____ Ext: _____ *Do you want your invoices emailed?*

JOB INFORMATION

Project Name: _____

Project Address: _____

City, State, Zip: _____

Contractor Job #: _____ Contractor PO #: _____

Project Manager: _____

Email: _____ Phone: _____

Job Site Contact: _____

Email: _____ Phone: _____

Owner's Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ Fax: _____

IMPORTANT QUESTIONS

Is Contractor a Subcontractor or General Contractor for this project? Sub GC

If Subcontractor, provide General Contractor's information:

GC Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

Is the project bonded? No Yes If yes, please provide the bonding company's information.

Bonding Co. Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____ Bond #: _____

Email: _____

Phone: _____ Fax: _____

Is this project taxable or non-taxable? Taxable Sales Tax Rate?: _____

If non-taxable, please provide the proper exemption form(s). Attached

Anticipated "Need By" Date for the Pipe? _____

NOTES - What else do we need to know? (Pipe details, etc?)

Form prepared by: _____ Date: _____

Title: _____