

Please return to: Fax # (734) 452-3917 Attn: Cliff Lamberg, Credit Mgr.

PROJECT INFORMATION SHEET

Date: _____

Purchase Order/Job #: _____

Project Name: _____

Street Address: _____

City: _____ County: _____ State: _____

Property Owner: _____

Address: _____

General Contractor: _____

Address: _____

Contact: _____

Phone #: _____ Fax #: _____

Bonding Company (if applicable): _____

Address: _____

Customer : _____

Address: _____

Estimated Quantity: _____ Estimated Dollar Value: _____

This Job will have: ___ One Furnishing ___ Several Furnishings ___ Do Not Know

Taxable / Exempt : _____

Signed: _____

By: _____
(Print Name)