



# Job Information Sheet

4510A Westport Drive | Mechanicsburg, PA 17055 | Fax: 717.796.9717

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Salesman: \_\_\_\_\_

Customer P.O. #: \_\_\_\_\_

Failure to have this filled out **completely** and returned by the ship date will delay shipment of this order.

**JOB NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SUBorMECHANICAL CONTRACTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SUBCONTRACTOR TO THE MECHANICAL:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**OWNER:** \_\_\_\_\_

STATE AGENCY: YES  NO  FEDERAL AGENCY: YES  NO

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**\*\*IS JOBBONDED?**  YES  NO **PAYMENT BOND?**  YES  NO **BONDING #:** \_\_\_\_\_

(complete copy required on all bonded jobs)

**NAME OF BONDING COMPANY:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BONDING AGENT:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**LENDER COMPANY (if applicable):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*Our company does reserve the right to send notices of furnishing materials in accordance with state lien statute requirements, in the unlikely event that materials for this project are not paid for in a timely manner.*