



Job Specific Set-up Form

- Customer Name: _____
- Project Name: _____
- Project Estimated Total: _____
- Project Physical Address: _____
- Name & Phone# to Schedule deliveries: _____
- Is Project Tax Exempt: YES / NO *if yes, please provide documentation
- Additional Ship-To Address(es) *list all authorized ship-to addresses for this job:

- Project Start Date: _____ Estimated End Date: _____

- Bonding Company Name (if applicable) : _____

- General Contractor Name: _____
Address: _____
Phone number: _____
Fax number: _____
Accounts Payable Contact: _____

- Project Owner(s): _____
Address(es): _____
Phone number: _____

I do hereby certify that the above information is true and correct to the best of my knowledge

Printed Name

Salesman Name

Signature

Branch Location

Date

*If all fields are not completed, processing will be delayed