



## JOB INFORMATION SHEET

**PLEASE FAX TO 936-441-8468 PRIOR TO STARTING EACH NEW JOB**

<b>CUSTOMER</b>	CUST NUMBER		NAME		SLSM#	
<b>JOB</b>	JOB NAME				JOB #	
	JOB ADDRESS					
	CITY, STATE ZIP					
<b>SUB- CONTRACTOR IF OTHER THAN CUSTOMER</b>	NAME			PHONE #		
	ADDRESS			FAX#		
	CITY, STATE ZIP			EMAIL		
<b>GENERAL CONTRACTOR</b>	NAME			PHONE #		
	ADDRESS			FAX#		
	CITY, STATE ZIP			EMAIL		
<b>PROPERTY LEASEHOLDER</b>	NAME			PHONE #		
	ADDRESS			FAX#		
	CITY, STATE ZIP			EMAIL		
<b>PROPERTY OWNER</b>	NAME			PHONE #		
	ADDRESS			FAX#		
	CITY, STATE ZIP			EMAIL		
<b>BOND COMPANY</b>	NAME			PHONE #		
	ADDRESS			FAX#		
	CITY, STATE ZIP			EMAIL		
	AGENT			BOND #		

**IS THIS A TAXABLE JOB?    YES \_\_\_\_\_    NO \_\_\_\_\_**

**IF NO, PLEASE ATTACH THE APPROPRIATE TAX CERTIFICATE.**