

SPUNSTRAND INC. JOB INFORMATION FORM

JOB NAME: _____ **SALES AGENT:** _____
CUSTOMER's PO #: _____ **SI's JOB #:** _____

NAME OF CONTRACTOR or HIRING COMPANY: _____ **MAILING ADDRESS:** _____
CITY: _____ **STATE/PROV:** _____ **ZIP/P.C.:** _____
PHONE#: _____ **FAX #:** _____
PROJECT MGR NAME: _____ **PROJECT MGR CELL:** _____
A/P NAME: _____ **A/P DIRECT LINE:** _____
A/P EMAIL ADDRESS: _____ **WILL YOU ACCEPT EMAILED INVOICES? YES: _____ NO: _____**

PROPERTY OWNER.: _____ **MAILING ADDRESS:** _____
CITY: _____ **STATE/PROV:** _____ **ZIP/P.C.:** _____

JOB SITE ADDRESS.: _____
CITY: _____ **STATE/PROV:** _____ **ZIP/P.C.:** _____

GENERAL CONT.: _____ **MAILING ADDRESS:** _____
CITY: _____ **STATE/PROV:** _____ **ZIP/P.C.:** _____

CONTRACTOR'S BONDING CO.: _____ **MAILING ADDRESS:** _____
BOND #: _____ **CITY:** _____
STATE/PROV: _____ **ZIP/P.C.:** _____

PROJECT START DATE: _____ **PROJECT EST. COMPLETION DATE:** _____ **ESTIMATED PURCHASES:** _____
BILLING CYCLE CUTOFF DATE: _____ **TYPE OF JOB: RESIDENTAL / COMMERCIAL / PUBLIC WORKS (PLEASE CIRCLE ONE)** _____ **1st DAY GOODS ARRIVE ON SITE (TO BE COMPLETED BY SI):** _____

IS THE SPUNSTRAND PRODUCT (AS PURCHASED OR MODIFIED BY YOU) GOING TO BE INSTALLED BY YOU OR WILL YOU SUPERVISE THE INSTALLATION OF THIS PRODUCT ON ANY REAL PROPERTY SITE, INCLUDING YOUR OWN, FOR ANY PURPOSE? Y/N _____
ARE YOU A SUPPLIER or DISTRIBUTOR OF THIS PRODUCT? Y/N _____ **ARE YOU A GENERAL CONTRACTOR or SUBCONTRACTOR ON THE PROJECT THIS PRODUCT IS BEING USED ON? Y/N** _____

FOR SI USE **IS SPUNSTRAND SHIPPING DIRECTLY to THE REAL ESTATE SITE? Y/N** _____ **IS SPUNSTRAND PERFORMING ANY FIELD WORK WHATSOEVER on THE PRODUCT BEING SOLD? Y/N** _____

PERSON COMPLETING THIS FORM: _____ **DATE:** _____

PLEASE NOTE: Interest will be charged on late payments.

Please fax completed form to 208.777.7445 or email at kimw@spunstrand.com. Thank You!
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