

JOB INFORMATION SHEET

BCS Concrete Accessories

**BCS Masonry
 dba Marvel Building & Masonry Supply**

BCS Rebar

Please fax back to (602) 437-2242
Attn: Accounts Receivable Department

Salesman / Branch _____
 Date _____

Please submit completed form in advance of all Job Specific orders. Failure to provide complete information in a timely manner could jeopardize any previously committed delivery specifications.

The information provided below will be used to file a preliminary notice. Notices will be mailed to all parties listed.

Request Date _____ Job Start Date _____

CONTACT INFORMATION

Legal Customer Name _____

Physical Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Contact Name _____ E-mail _____

JOB INFORMATION

Job Name _____

Job Number _____ Contract Number _____ PO Number _____

Jobsite Address _____ City _____ State _____ Zip _____

Estimated dollar amount of Products purchased from Border/Marvel for this Job \$ _____

GENERAL CONTRACTOR INFORMATION

Project General Contractor _____

Contact Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

PROJECT OWNER & LENDER INFORMATION

Project Owner _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Project Lender _____

Type of material, service or labor furnished _____

Printed Name _____ **Date** _____
 (person who completed the form)