

## 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)