

Customer Name (Legal)

DBA (Doing Business As)

Address

City State Zip

Phone Fax

BILLING INFORMATION

Taxable Non-taxable Resale Number Resale Certificate attached

Billing Account Name

Address

City State Zip

JOB INFORMATION

Job Name

Job Site Address

City State Zip

First Day on Job Estimated Dollar Amount

LENDER

Name Telephone

Street Address City State Zip

OWNER

Name Telephone

Street Address City State Zip

GENERAL

Firm Name Telephone

Street Address City State Zip

Federal or Public Works Contract #

Bond # Bonding Company

PRELIMINARY JOB INFORMATION PROVIDED BY

Name Title

Company

Please fax completed form to:
Express Pipe Credit Department
FAX 1 714 780 1945