

# JOB INFORMATION SHEET

## COASTAL HVAC SUPPLY



### JOBSITE

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

CREDIT REQUESTED \_\_\_\_\_

JOB STARTING DATE \_\_\_\_\_

EST. ENDING DATE \_\_\_\_\_

REHAB \_\_\_\_\_ OR \_\_\_\_\_  
PRIVATE \_\_\_\_\_ OR \_\_\_\_\_

NEW CONSTRUCTION \_\_\_\_\_  
PUBLIC \_\_\_\_\_

### OWNER

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### GENERAL CONTRACTOR

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### HVAC SUB CONTRACTOR

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### BONDING COMPANY

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

### LEGAL DESCRIPTION OF PROPERTY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_