

JOB INFORMATION QUESTIONNAIRE

This questionnaire should not be interpreted as a reflection on the good name or credit standing of our customers. We have found that orders can be processed more rapidly if this information is immediately available.

Thank you!

SHARI CASH
Customer Relations Supervisor

CARNES COMPANY

P. O. Box 930040
Verona, Wisconsin 53593-0040

Phone: 608-845-6411
Credit Fax : 608-845-6418

Customer Account # _____

Customer Name/Address _____ **Phone # (_____)** _____ - _____ **Fax # (_____)** _____ - _____

Please Check One

- General Contractor
- Subcontractor
- Prime Contractor
- Sub-Subcontractor

Is Customer Tax Exempt? _____ Yes _____ No

If yes, please ATTACH EXEMPT CERTIFICATE (*Made to Carnes*)

Customer P. O. #: _____

P. O. Amt. \$ _____ Carnes Billing Amt. \$ _____

- Original P. O. Attached
- Letter of Assigned P. O.

Project Manager _____

Project Name/Address _____

Owner Name/Address _____ **Ph. # (_____)** _____ - _____

General or Prime Contractor Name/Address (if not Carnes Customer)

_____ **Ph. # (_____)** _____ - _____
_____ **Fax # (_____)** _____ - _____
_____ **Proj. Mgr.** _____

Subcontractor Name/Address (if not Carnes Customer)

_____ **Ph. # (_____)** _____ - _____
_____ **Fax # (_____)** _____ - _____
_____ **Proj. Mgr.** _____

Is job **privately** or **publically** owned?

If Public Job, need Name/Address of Local Bond Agent:

_____ **Ph. # (_____)** _____ - _____
_____ **Issuing Co.** _____
_____ **Bond #** _____

If job is located in Georgia, Michigan, Ohio, South Carolina or Utah: Please forward notice of commencement.

- Requested
- Attached

Order submitted by (Rep. Office): _____

Rep. P. O. _____ Salesperson _____ Date: _____

INTEROFFICE USE ONLY

CARNES ORDER # _____ \$ _____ CREDIT OK Date: _____

