

**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!

**DEBORAH L. VERSNIK**  
A/R - A/P 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  **publicly 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_