



800.737.2800

fax 417.862.1232

Post Office Box 1565  
Springfield, Missouri 65801

boydaluminum.com

## JOB INFORMATION SHEET

**A. Project Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Customer Purchase Order Number \_\_\_\_\_

1.  New Construction OR  Improvement
2.  One Building OR  Multiple Buildings
3.  Private OR  Public
4. Bonded:  Yes  No *(If yes, please provide copy of Bond)*

**B. Lender:** \_\_\_\_\_  Check if no lender  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**C. Customer's Full Name:** \_\_\_\_\_ Contact \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

1. **Customer Relationship to Job:**  Owner  General Contractor  Subcontractor

2. **Surety Name:** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**D. General Contractor:** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Surety Name:** \_\_\_\_\_ Phone \_\_\_\_\_

**E. Owner/Awarding Authority:** \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_