Cook Drywall
ACOUSTICAL SUPPLY

JOB/PROJECT INFORMATION WORKSHEET

DATE:	CUSTOMER NAME:
PROJECT MANAGER:	PHONE NUMBER:
EMAIL:	

IS THIS JOB TAX EXEMPT: ***IF EXEMPT PLEASE PROVIDE AN EXEMPTION OR RESALE CERTIFICATE***		
☐ YES	☐ NO	PROJECT NAME:
PROJECT ADDRESS:		CITY, STATE, ZIP CODE:
LEGAL DESCRIPTION:		

JOB TYPE ☐ NEW CONSTRUCTION ☐ REMODEL ☐ RESIDENTAL ☐ COMMERCIAL ☐ GOVERNMENTAL

PROPERTY INFORMATION

OWNER NAME:	OWNER PHONE:
OWNER ADDRESS:	CITY, STATE, ZIP CODE:
EMAIL:	

GENERAL CONTRACTORS INFORMATION:

GC NAME:	GC PHONE:
GC ADDRESS:	CITY, STATE, ZIP CODE:
EMAIL:	

SUB CONTRACTORS INFORMATION:

SUB NAME:	SUB PHONE:
SUB ADDRESS:	CITY, STATE, ZIP CODE:
EMAIL:	

BONDING INFORMATION

AGENT NAME:	AGENT PHONE:
SURENT NAME:	SURETY PHONE:

BANK/CONSTRUCTION LOAN INFORMATION

BANK NAME:	LOAN OFFICER:
LOAN OFFICER PHONE:	CONTACTOR OF RECORD:
DRAW SCHEDULE:	
NAME(S) LISTED ON ITERIM CONSTRUCTION LOAN:	
HAS THE LOAN CLOSED & DEED OF TRUST BEEN RECORDED: ☐ YES ☐ NO	
TITLE COMPANY:	TITLE COMPANY PHONE: