

JOB INFORMATION SHEET

Please fax back to (602) 437-2242
Attn: Accounts Receivable Department

Salesman/Branch _____
Date _____

Please submit completed form in advance of all Job Specific orders. Failure to provide complete information in a timely manner could jeopardize any previous delivery commitments.

The information provided below will be used to file a Preliminary Lien Notice. Notices will be mailed to all parties listed.

Request Date _____ Job Start Date _____

CONTACT INFORMATION

Contractor Name _____
Physical Address _____ City _____ State _____ Zip _____
Billing Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax _____
Contact Name _____ Email _____

JOB INFORMATION

Job Name _____
Job Number _____ Contract Number _____ PO Number _____
Jobsite Address _____ City _____ State _____ Zip _____
Estimated dollar amount of Products purchased from Border/Marvel for this Job \$ _____

GENERAL CONTRACTOR INFORMATION

Project General Contractor _____
Contact Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

PROJECT OWNER & LENDER INFORMATION

Project Owner _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Project Lender _____

Type of material, service or labor furnished _____

Printed Name _____ Date _____
(Person who completed the form)

SUBMIT

PRINT

RESET