METAL ROOFING SYSTEMS

JOB INFORMATION SHEET

Please email kmarshall@metalroofingsystems.com

This job information sheet must be filled out completely, legibly and signed. Failure to provide this information will result in Production and Delivery delays.

A. Project Type

☐Private ☐Public ☐ Federal ☐ New Construction or ☐ Improvement

Is the project Bonded? ☐Yes ☐No Is the job tax exempt? ☐Yes ☐No ☐ Commercial or ☐ Residential

Total Material Amount for Project _____

B. MRS Customer Information

Name_____ Phone_____

Address_____

City_____ State_____ Zip_____ Email_____

C. Customer's Relationship to Job

☐Owner ☐General Contractor ☐Sub Contractor ☐Other (specify):_____

Is the customer installing materials (if applicable?) ☐Yes ☐ No

D. Job Location

Name_____ Phone_____

Address_____

City_____ State_____ Zip_____ County_____

E. Owner/Lien Agent Information

Name_____ Phone_____

Address_____

City_____ State_____ Zip_____ Email_____

Lien Agent Name _____ **Lien Agent Phone**_____

Lien Agent Address _____

F. General Contractor Information

1. Name_____ Phone_____

Address_____

City_____ State_____ Zip_____ Email_____

2. Bonding Company Information_____ Phone_____

Address_____

City_____ State_____ Zip_____ Bond #_____

G. Contractor Information (if other than customer)

1. Name_____ Phone_____

Address_____

City_____ State_____ Zip_____ Email_____

2. Bonding Company Information_____ Phone_____

Address_____

City_____ State_____ Zip_____ Bond # _____

ALL INFORMATION PROVIDED IS TRUE AND CORRECT

Customer Signature _____Date:_____

Printed Customer Name _____ Title _____