



Innovative Distribution of Quality Exterior and Interior Wood Products

PROJECT INFORMATION FORM

Please complete and return via
Fax to: **303-288-5650**

CUSTOMER INFORMATION

Name: _____
Address, City, State, Zip: _____
Phone: _____ Fax: _____
____ Owner ____ General Contractor ____ Subcontractor ____ Material Supplier ____ Other

PROJECT INFORMATION

Project Name: _____ Project #: _____
Property's Legal Description & County: _____
Project Address: _____
Project Phone: _____ Project Fax: _____
Project Manager's Name: _____ Contact Number: _____
Superintendent's Name: _____ Contact Number: _____
Permit #: _____ Map Included: Y / N (circle one) Gate Code: _____

PROJECT'S OWNERSHIP INFORMATION

Owner's Name: _____
Owner's Address, City, State, Zip: _____

CONSTRUCTION LOAN/DRAW INFORMATION

Bank Name: _____
Bank Address, City, State, Zip: _____
Bank Phone: _____ Bank Fax: _____
Bank Rep: _____ Loan #: _____ Loan Amount: \$ _____
Date Draws Submitted: _____ Date Draws Paid: _____

BILLING INFORMATION

Name of Person (s) to Contact for Billing Questions: _____
Billing Address, City, State, Zip: _____
Billing Phone: _____ Billing Fax: _____
Billing Contact's E-Mail: _____

BONDING INFORMATION (please attached a copy of Payment and Performance Bond if applicable)

Is the project bonded? Y / N (circle one) Bond #: _____
Name of Bonding Company: _____
Address, City, State, Zip: _____
Bonding Agent Name: _____ Phone: _____ Fax: _____

MISCELLANEOUS INFORMATION

Are you the General Contractor for the project? Y / N (circle one)
If NO, what is your relationship to the project? _____ (subcontractor, supplier, etc.)
If NO, who is the General Contractor for the project? _____
Do you use purchase orders? Y / N (circle one) Are Confirmations Required? Y / N (circle one)

By signing below, I authorize Specialty Wood Products, Inc. to verify any information from above.

Signature: _____ Title: _____ Date: _____