



Southern Utility Supply

12 Greencove Dr.
Greenville, S.C. 29605
Phone: 864-277-7989
Fax: 864-277-7991

CONTRACTOR JOB INFORMATION REPORT

Salesman _____

Date _____

CUSTOMER Check if you are the Prime () or Sub () Contractor

Company Name _____
Address _____
Contact _____
Phone _____
Fax _____

PROJECT

Name _____ Contract # _____
Location _____
Tax Exempt Yes () Please include certificate No ()
Legal Description - Tax Map of (City/Town) - _____ County of _____
Block # _____ Lot # _____

PROJECT OWNER

Name _____
Address _____
Contact _____
Phone _____
Fax _____

GENERAL CONTRACTOR

Name _____
Address _____
Contact _____
Phone _____
Fax _____

ENGINEER

_____ Phone _____

BOND INFORMATION

Job is () Private () State () Federal

Insurance Agency _____
Address _____
Phone No. _____
Fax No. _____
Contact _____
Name/Title _____
Bond Company _____
Bond Number _____

This Information was submitted by:

Signature _____
Company _____
Title _____