

CITY ELECTRIC SUPPLY, LLC

374 SIXTH STREET
JERSEY CITY, NJ 07302
201-216-0015 (PHONE)
201-216-0081 (FAX)

PROJECT INFORMATION FORM MUST BE SUBMITTED BEFORE ORDER PROCESSING

COMPANY NAME:

CONTACT NAME:

EMAIL:

TYPE OF CONTRACT:

Prime (Direct with Owner) Sub-Contract (with G.C.)

TAX EXEMPT Yes No

If yes, please attach proper certificate

JOB NAME & SHIP TO ADDRESS	NAME:
	ADDRESS:
	CITY/STATE/ZIP:
	PRICE CODE (MUST COMPLETE)
	TYPE OF JOB: (PLEASE CHECK ONE) NEW ADDITION REMODEL CITY COUNTY STATE FEDERAL PRIVATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
OWNER	NAME: PHONE:
	ADDRESS:
OWNER'S AGENT OR LENDER/TITLE CO. (If applicable)	NAME: PHONE:
	ADDRESS:

GENERAL CONTRACTOR	NAME:		PHONE:	
	ADDRESS:			
	GENERAL CONTRACT AMOUNT		ELECTRICAL CONTRACT AMOUNT	
	\$		\$	

CONTRACT TERMS	HOW CONTRACTOR IS PAID:			
	FOR MATERIAL STORED ON JOB <input type="checkbox"/> YES <input type="checkbox"/> NO BY MONTHLY REQUISITION <input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETED UNITS ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO COMPLETED JOB ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR MATERIAL STORED OFF JOB <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY REQUISITION DUE DATE RETAINAGE %		
	OTHER (EXPLAIN)			

Form completed by:

Contact Name (if different then above):

Date: