

PROJECT INFORMATION SHEET

Project Name: _____ **Project Number:** _____

Please complete this Project Information form and return to credit@sbslp.com

Customer Information (SBS/IBS customer as listed on the contract)

Name _____
Address _____
City _____ State _____ Zip Code _____
Project Manager _____ Phone _____ Email _____

Relationship to Project Owner General Contractor Subcontractor Other (Specify): _____
Will you be erecting the materials for this project? Yes No

Project Location (the physical address where the material will be erected)

Name _____
Address _____
City _____ State _____ Zip Code _____ County _____
Superintendent _____ Phone _____ Email _____

Property Owner (the owner of the property where the material will be erected)

Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Contact _____ Phone _____

Financial Information (the financial institution or lender where funding may be confirmed)

Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Contact _____ Phone _____

General Contractor (If other than the Customer above)

Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Project Manager _____ Phone _____

Surety or Bonding Company (please provide a copy of the payment bond)

Surety _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Contact _____ Phone _____

Architect

Name _____
Address _____
City _____ State _____ Zip Code _____ Email _____
Contact _____ Phone _____

Customer Signature _____ Date _____
Printed Name _____