



PROJECT INFORMATION WORKSHEET
Credit Department
PO Box 1586
Greenville, NC 27835-1586
Phone: 800-280-1586 • Fax: (252) 758-5919

In order to avoid unnecessary delays in ordering or shipping material for this job, please complete in full and promptly return this form via fax to 252-758-5919.

For Internal Use:

Womack Branch:	Salesperson:	Date:	Account#
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Project Information:

Name:		Job/PO#	
Address:	City:	State:	Zip Code:
Directions:		County of Project:	
Estimated \$ Amount of Electrical Material:		Material Description (Fixtures, gear, etc.)	
Bid Date:	Estimated Start Date:	Estimated End Date:	
Project Notices: Has the GC or Owner Filed a Notice that the Project has Commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy.			Billing Cycle:
Type of Project: <input type="checkbox"/> Single Family <input type="checkbox"/> Multiple Units <input type="checkbox"/> Shopping Center <input type="checkbox"/> Office Building If Multiple Unit Project, please specify the units:			<input type="checkbox"/> Other: _____
Project Ownership: <input type="checkbox"/> Private <input type="checkbox"/> Public Works <input type="checkbox"/> Local, City or State <input type="checkbox"/> Federal Gov't <input type="checkbox"/> Other _____			

Womack's Customer Information:

Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Contact:	Mobile:	Email:	
With Whom Do You Have a Contract?		Person Completing This Form:	

General Contractor's Information:

Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Contact:	Mobile:	Email:	

Project Owner's Information:

Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Contact:	Mobile:	Email:	

Payment Bond Information:

Is this Project Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, by Whom?	Bond# (Please Attach Copy)	
Name:		Phone:	Fax:
Address:	City:	State:	Zip Code:
Contact:	Mobile:	Email:	