



PROJECT INFORMATION WORKSHEET
 Credit Department
 625 Lynndale Ct., Ste B • Greenville, NC 27835-1586
 Phone: 800-280-1586 • Fax: (252) 758-5919
 Email: credit@womackelectric.com

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 or email to credit@womackelectric.com.

*** Fields indicated with an asterisk are required information.**

Womack Branch:	Salesperson:	Date:	Job 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 _____			
* Special Instructions:			
Is any material for this project being shipped to, stored, or fabricated at a different location other than the project address? If so, where?			
Are there any special instructions or agreements made with customer that requires others knowledge and expertise to fulfill? If so, what?			
Is this project or any portion of the material sold tax exempt? (Y/N) If so, please attach the appropriate tax exemption certificate.			

Womack's Customer Information:

* Name:	Phone:	Bill to Acct #:
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: (NC Public Jobs, Please Attach Contractor Project Statement)

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:	