



PROJECT INFORMATION WORKSHEET
 Credit Department
 625 Lynndale Ct., Suite 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 #:	
*Project Name:				*Job/PO #:		
*Project 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? Yes No If yes, please attach a copy				Billing Cycle:		
*Type of Project Check all that apply: Single Family Multi-Family Commercial Solar Minority Other						
*Project Ownership: Check all that apply: Private Public Works Local, City or State Federal Gov't 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? Please complete Direct Ship Non-Job Address Form.						
Is Womack warehousing material on behalf of customer to manage inventory or provide storage when job site conditions will not allow (excluding fabrication). Yes No If yes, complete and attach the Customer Stored Material Agreement. (Form 602-DTS)						
FOB: Shipping Point: Destination:		Is this project or any portion of the material sold tax exempt? Yes No				
If destination, RFM approval needed.		If yes, please attach the appropriate tax exemption certificate.				
Are there any special instructions or agreements made with customer that requires others knowledge and expertise to fulfill? If so, what?						
*Customer Name:			Phone:		Bill to Acct #:	
With Whom Do You Have a Contract?			Person Completing This Form:			
*General Contractor Name:			Phone:		Fax:	
Address:		City:		State:		Zip:
Contact:		Mobile:		Email:		
*Project Owner's Name:			Phone:		Fax:	
Address:		City:		State:		Zip:
Contact:		Mobile:		Email:		
Payment Bond Information: (NC Public Jobs, Please Attach Contractor Project Statement)						
Is this Project Bonded? Yes No		if so, by whom:			Bond # (Please attach copy):	
Name:		Phone:		Fax:		
Name:		City:		State:		Zip:
Contact:		Mobile:		Email:		