

EXHIBIT A

PROJECT INFORMATION

New or Existing Account _____

Customer Name _____

Billing Address _____

Separate BILL TO for Job YES _____ NO _____

Ship to Name & Address _____

Of Job Site _____

Phone Number _____

Fax Number _____

Project Manager or _____

Superintendent Name _____ Phone # _____

Inside Salesman _____

Is Job Fully or Partially Tax Exempt YES ___ NO ___ Tax Exempt ID _____

*If Tax Exempt, Please Attach A Copy of Certificate

Tax Jurisdiction of Ship To Location State _____ % County _____ % City _____
%

P. O. Required YES ___ NO ___ Purchase Order# _____

\$ Amount of Job _____ Ship Date of First Order _____

Length of Job _____ Terms _____

Price Matrix _____

Property Owner Name _____

Address _____

City, State, Zip _____

Phone _____

General Contractor _____

Contact _____

Address _____

City, State, Zip _____

Phone _____

Bonding Company _____

Is Job Bonded? YES ___ NO ___

Address _____

City, State, Zip _____

Bond Number _____