



BROKEN ARROW ELECTRIC  
SUPPLY, INC. 2350 W. VANCOUVER  
BROKEN ARROW, OK 74012  
(918)258-3581 (918)258-5917 fax

FAILURE TO COMPLETE ALL  
SECTIONS OF THIS FORM  
MAY RESULT IN DELAY OF  
APPROVING AND SETTING  
UP THE JOB

## **JOB INFORMATION SHEET**

CUSTOMER NAME & CONTACT: \_\_\_\_\_

JOB NAME: \_\_\_\_\_

GOVERNMENT: YES \_\_\_\_\_ NO \_\_\_\_\_ NAME OF AGENCY \_\_\_\_\_

TAX EXEMPT: Y \_\_\_\_\_ N \_\_\_\_\_ **IF YES TAX EXEMPT FORM MUST BE ATTACHED**

ESTIMATED AMOUNT OF MATERIAL FOR JOB: \_\_\_\_\_

IS BILLING FOR STORED MATERIAL ALLOWED? YES \_\_\_\_\_ NO \_\_\_\_\_

PAYMENT BOND: YES \_\_\_\_\_ NO \_\_\_\_\_ PERFORMANCE BOND: YES \_\_\_\_\_ NO \_\_\_\_\_

BONDING CO. / BOND NUMBER: \_\_\_\_\_

EST. BEGIN DATE: \_\_\_\_\_ EST. COMPLETION DATE: \_\_\_\_\_

DRAW CUT OFF DATE: \_\_\_\_\_

### **GENERAL CONTRACTOR**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX# \_\_\_\_\_

PROJECT MGR: \_\_\_\_\_

### **OWNER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **JOB LOCATION**

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

### **PROJECT TYPE:**

NEW RES. CONST.: \_\_\_\_\_ RES. RENOV.: \_\_\_\_\_ CMMC'L CONST.: \_\_\_\_\_

OTHER: \_\_\_\_\_