PROJECT INFORMATION SHEET

Maurice Electrical Supply Company / **USESL** US Electrical Services, Inc.

Updated 6/2016

Contractor (Customer): _____ Date: _____

Completed By: _____

	SPLIT CREDIT: YES NO		CBE: YES NO	DBE Participation:	YES NO

If applicable complete the following sections:

HOME BRANCH:		SALES BRANCH:	
SALESMAN:		MANAGER:	

Project Name: _____

Job Amount Requested: _____

To be Completed by Customer:

CUSTOMER (Company)

CUSTOMER NAME:		DATE:		COMPLETED BY:	
PROJECT MANAGER:				RESIDENTIAL: YES / NO	
				PO AMOUNT:	
ADDRESS:				CUSTOMER CONTACT:	
				EMAIL:	
CITY , STATE, ZIP + 4 ***REQUIRED***				PHONE NUMBER:	

PROJECT

PROJECT NAME:	TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY)			
	COMMERICIAL		GOVT	
PROJ ADDRESS:	NEW CONSTR.		TENANT	
	RESIDENTIAL		OTHER	
CITY, STATE, ZIP + 4 ***REQUIRED***	IS THE PROJECT TAX EXEMPT?			
		Yes		
FOR JOB MGMT ACCESS:		No		
EMAIL 1 ___ EMAIL 2 ___	*If YES , Exemption Cert Required*			

MATERIAL

PROJECT MATERIAL AMOUNTS			CONTACTS & PHONE #'S FOR DELIVERIES
GEAR	FIXTURES	MISC (EST)	
$	$	$	
TOTAL JOB AMOUNT:	$		
ESTIMATED DATE OF FIRST SHIPMENT:	ESTIMATED DATE OF LAST SHIPMENT:		

PRIME CONTRACTOR (GC)

NAME	PHONE:	CONTACT	PROJECT MANAGER
ADDRESS	FAX:	CONTACT PHONE	PM PHONE
CITY , STATE, ZIP		CONTACT EMAIL	PM EMAIL

PROPERTY OWNER

NAME:		CONTACT:	
ADDRESS:		PHONE NUMBER:	
CITY, STATE, ZIP CODE:		E-MAIL:	

PAYMENT BOND INFORMATION

PRINCIPAL:		PAYMENT BOND NO:	
BOND COMPANY NAME:		PAYMENT BOND AMT:	
ADDRESS:		***ATTACH BOND COPIES (IF APPLICABLE)***	
CITY, STATE, ZIP CODE:			
BONDING CO. AGENTS NAME:			
PHONE #:			

IF APPLICABLE, COPIES OF BONDS, PURCHASE ORDERS, AND TAX EXEMPT CERTIFICATES MUST BE ATTACHED

Credit Department Use Only

CREDIT DEPT ACCEPTED/DATE: _____   SALES MANAGER ACCEPTED/DATE: _____