



ALLIANCE

LUMBER, TRUSS, EWP & HARDWARE

JOB INFORMATION SHEET

ALLIANCE CUSTOMER NAME _____ (Acct# _____)

ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

PHONE _____ FAX _____ CONTACT NAME _____

GENERAL CONTRACTOR:

*** Contact Email: _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

PHONE _____ FAX _____ CONTACT NAME _____

*** Contact Email: _____

If the project is owner-occupied, please complete the following section:

OWNER / BUILDER NAME
(FIRST AND LAST) _____

ADDRESS _____

CITY _____ STATE _____ ZIP + 4 _____

PHONE _____ FAX _____

Owner email: _____

JOB INFORMATION:

PROJECT/RESIDENCE NAME _____

COUNTY IN WHICH THE JOB IS LOCATED _____

Sub-DIVISION NAME _____ LOT NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GATE CODE _____

ESTIMATED VALUE OF WORK:

DATE OF FIRST SHIPMENT: _____

Taxable LUMBER \$ _____

Non Taxable GLBs \$ _____

I JOISTS \$ _____

TRUSS \$ _____

Hardware \$ _____

Total \$ _____

Please complete all information legibly, and fax or email to Alliance Lumber's Credit Dept. Attach all proposals, bids and bulked quotes from each division that equal the job total.

Fax: (623) 842-3159 Email: Kathy.Elliott@AllianceLumber.com

or Elaine.Petley@AllianceLumber.com

SECTION BELOW FOR ALLIANCE LUMBER'S CREDIT DEPARTMENT USE

- Joint Check
- Owner-Occupied Joint Check
- Assignment of Debt
- Dual-Signature Assignment of Debt

***** EMAIL ADDRESSES REQUIRED FOR DOCUSIGN AGREEMENTS*****