



MASON-DALLAS, INCORPORATED

MANUFACTURERS REPRESENTATIVE • MANUFACTURER • DISTRIBUTOR

"SUBSIDIARY OF FARCO INDUSTRIES"

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PROJECT INFORMATION SHEET

PROJECT

NAME: _____

STREET ADDRESS: _____

BILLING ADDRESS: _____

JOBSITE PHONE # _____ PROJECT MGR. _____

TAXABLE _____ RATE _____ % NON-TAXABLE _____ TAX# _____

IF NON-TAXABLE, ATTACH COPY OF PROJECT TAX EXEMPTION CERTIFICATE

BONDED JOB? _____ YES _____ NO

IF YES, PLEASE PROVIDE THE FOLLOWING:

NAME OF BONDING CO: _____

ADDRESS: _____

PHONE # _____ BOND# _____

POSTED BY: OWNER _____ GENERAL CONTRACTOR _____

MECHANICAL CONTRACTOR

NAME: _____

ADDRESS: _____

PHONE # _____ PROJECT MANAGER _____

GENERAL CONTRACTOR

NAME: _____

ADDRESS: _____

PHONE # _____ PROJECT MANAGER _____

OWNER

NAME: _____

ADDRESS: _____

PHONE # _____

**PLEASE COMPLETE THIS FORM AND RETURN IMMEDIATELY VIA FAX OR
PHONE. YOUR COOPERATION IS APPRECIATED!**