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JOB INFORMATION SHEET

Customer Name: _____

JOB INFORMATION				
Job Name:	Job Number:		PO Number:	
Job Site Address:		Total Purchases:		
City:	County:	State:	Zip Code:	
Phone:	Fax:	Email:		
Job Type: <i>(select all that apply)</i>	Commercial Private	Residential Public	New Construction Federal	Remodel
Tax Exempt: <i>(highlight one)</i>	YES*	NO	<i>*If yes, please provide tax certification</i>	
Description of Material to be Purchased:				

GENERAL CONTRACTOR INFORMATION				
General Contractor:		Address:		
City:	State:	Zip Code:		
Phone:	Fax:	Email:		
Project Manager:	Phone:	Email:		
Mechanical Subcontractor:		Electrical Subcontractor:		
Expect First Ship Date:		Expect Final Ship Date:		

PAYMENT INFORMATION		
Submit Payment Cycle to General by:		For Payment on:
Issue Joint Check: <i>(highlight one)</i>	DESIRED	REQUIRED

PROPERTY OWNER INFORMATION		
Owner's Name:		Address:
City:	State:	Zip Code:
Phone:	Fax:	Email:

BOND INFORMATION				
Bonding Company:		Bond Number:		
Phone:	Fax:	Email:		
Type of Bond: <i>(highlight one)</i>	Payment	Performance	Both	None
Bond Posted By: <i>(highlight one)</i>	General Contractor	Sub-Contractor	Owner	

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Customer Account Number:		Salesman:		
Date of First Shipment:		Date of Last Shipment:		
Preliminary Lien Notice Mailed: <i>(highlight one)</i>	YES	NO	Date Sent:	
Progress Lien Notice: <i>(highlight one)</i>	YES	NO	Date Sent:	
Copy of Contract Needed: <i>(highlight one)</i>	YES	NO		
Remarks:				