



# Valve & Equipment Consultants, Inc.

## Specializing in Valves for Over 20 Years

[www.ValveAndEquipment.com](http://www.ValveAndEquipment.com)

Phone: 281-324-1500 Fax: 281-324-4595 email: [sales@valveandequipment.com](mailto:sales@valveandequipment.com)

## JOB INFORMATION SHEET

**Customer Name:**

|                             |                              |
|-----------------------------|------------------------------|
| [Input Field]               |                              |
| <small>Company Name</small> | <small>Email Address</small> |

**Customer Classification:**

(Check one)

- General Contractor (GC)**
- Subcontractor (SC)**
- Sub-Subcontractor (SSC)**

**Contact Name:**

|  |                              |
|--|------------------------------|
| [Input Field]                              |                              |
| <small>First Name/Last Name/ Title</small> | <small>Email Address</small> |

**Physical Address:**

|                       |                      |                      |                    |
|-----------------------|----------------------|----------------------|--------------------|
| [Input Field]         |                      |                      |                    |
| <small>Street</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Mailing Address:**

|                              |                      |                      |                    |
|------------------------------|----------------------|----------------------|--------------------|
| [Input Field]                |                      |                      |                    |
| <small>PO Box Number</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Phone:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Fax:**

|               |
|---------------|
| [Input Field] |
|---------------|

**General Contractor Name:**

|                             |                              |
|-----------------------------|------------------------------|
| [Input Field]               |                              |
| <small>Company Name</small> | <small>Email Address</small> |

**Phone:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Contact Name:**

|  |                              |
|--|------------------------------|
| [Input Field]                              |                              |
| <small>First Name/Last Name/ Title</small> | <small>Email Address</small> |

**Fax:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Physical Address:**

|                       |                      |                      |                    |
|-----------------------|----------------------|----------------------|--------------------|
| [Input Field]         |                      |                      |                    |
| <small>Street</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Website:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Mailing Address:**

|                              |                      |                      |                    |
|------------------------------|----------------------|----------------------|--------------------|
| [Input Field]                |                      |                      |                    |
| <small>PO Box Number</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Subcontractor Name:**

|                             |                              |
|-----------------------------|------------------------------|
| [Input Field]               |                              |
| <small>Company Name</small> | <small>Email Address</small> |

**Phone:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Contact Name:**

|  |                              |
|--|------------------------------|
| [Input Field]                              |                              |
| <small>First Name/Last Name/ Title</small> | <small>Email Address</small> |

**Fax:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Physical Address:**

|                       |                      |                      |                    |
|-----------------------|----------------------|----------------------|--------------------|
| [Input Field]         |                      |                      |                    |
| <small>Street</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Website:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Mailing Address:**

|                              |                      |                      |                    |
|------------------------------|----------------------|----------------------|--------------------|
| [Input Field]                |                      |                      |                    |
| <small>PO Box Number</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Bonding Company:**

|                             |
|-----------------------------|
| [Input Field]               |
| <small>Company Name</small> |

**Policy #:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Contact Name:**

|  |                              |
|--|------------------------------|
| [Input Field]                              |                              |
| <small>First Name/Last Name/ Title</small> | <small>Email Address</small> |

**Amount of Bond:**

|                  |
|------------------|
| \$ [Input Field] |
|------------------|

**Physical Address:**

|                       |                      |                      |                    |
|-----------------------|----------------------|----------------------|--------------------|
| [Input Field]         |                      |                      |                    |
| <small>Street</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Phone:**

|               |
|---------------|
| [Input Field] |
|---------------|

**Mailing Address:**

|                              |                      |                      |                    |
|------------------------------|----------------------|----------------------|--------------------|
| [Input Field]                |                      |                      |                    |
| <small>PO Box Number</small> | <small>City,</small> | <small>State</small> | <small>Zip</small> |

**Fax:**

|               |
|---------------|
| [Input Field] |
|---------------|

# JOB INFORMATION SHEET

**Local Insurance Agency:**

Company Name

Phone:

Contact Name:

First Name/Last Name/ Title

Email Address

Fax:

Physical Address:

Street

City,

State

Zip

Website:

Mailing Address:

PO Box Number

City,

State

Zip

**Owner of Bond:**

Company Name

Phone:

Contact Name:

First Name/Last Name/ Title

Email Address

Fax:

Physical Address:

Street

City,

State

Zip

Website:

Mailing Address:

PO Box Number

City,

State

Zip

**Property Owner Name:**

Municipality/City/Utility District, Etc.

Phone:

Contact Name:

First Name/Last Name/ Title

Email Address

Fax:

Physical Address:

Street

City,

State

Zip

Website:

Mailing Address:

PO Box Number

City,

State

Zip

Will Owner Pay for Stored Materials On-Site?  YES  NO

Contract #:

**Job Name/Job Site:**

Project Name

Phone:

Physical Address:

Street

City,

State

Zip

Fax:

**Project Engineer:**

Firm Name

Phone:

Contact Name:

Engineer Name/ Title

Email Address

Fax:

Physical Address:

Street

City,

State

Zip

Website:

Mailing Address:

PO Box Number

City,

State

Zip