



## JOB INFORMATION SHEET

Fax to 775-359-7765 or email to [billingdept@goblue team.com](mailto:billingdept@goblue team.com)

**\*\*Please be sure to fill out every line below with the correct information. \*\***

**CUSTOMER:** \_\_\_\_\_

CUSTOMER ACCOUNT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ JOB #: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APN#: \_\_\_\_\_

PAYMENT TERMS:

- You bill your customer on \_\_\_/\_\_\_ of each month.
- You are paid on the \_\_\_/\_\_\_ of same month or following month.

**WNS MATERIAL AMOUNT: \$** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**OWNER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_