



PROJECT INFORMATION REQUEST

PLEASE FILL-OUT THE FOLLOWING INFORMATION COMPLETELY AND RETURN TO:

Viking SupplyNet
Credit Services Department

FAX #: (614) 527-5813

SHIP TO: (check one) Job-site Customer's Shop

CUSTOMER REQUESTING MATERIAL: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ STATE: _____ ZIP: _____

IS THIS JOB TAX EXEMPT? YES NO IF SO, PLEASE ATTACH TAX EXEMPTION CERTIFICATE
IS THIS A PUBLIC JOB? YES NO IF SO, PLEASE ATTACH BOND INFORMATION

JOB/JOB-SITE NAME: _____
PLEASE REFER TO THE ABOVE JOB/JOB-SITE NAME WHEN PLACING ORDERS

ADDRESS OR LEGAL DESCRIPTION: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PROJECTED DOLLAR AMOUNT TO BE PURCHASED FROM VIKING SUPPLYNET: \$ _____
(Be sure this amount is only VSN purchases, not the amount of the entire job)

PROJECTED START DATE: _____ ANTICIPATED COMPLETION DATE: _____

PROPERTY OWNER: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

GENERAL CONTRACTOR NAME: _____

ADDRESS: _____ TELEPHONE: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SPECIAL NOTE: Whenever placing an order for this job, always give the job name or location. We will include that job name on all invoices making it easier for you to track job costs. Thank you!

The above information is accurate and complete to the best of my knowledge:

SIGNATURE: _____ TODAY'S DATE: _____

**WE CANNOT SHIP ORDERS FOR THIS JOB UNTIL THIS FORM IS COMPLETED AND RETURNED.
YOUR PROMPT RESPONSE WILL ENABLE US TO SERVE YOU BETTER!
THANK YOU!**