



# BERRIDGE MANUFACTURING COMPANY

## JOB DATA INFORMATION FORM

JD#: \_\_\_\_\_

**IMPORTANT:** Your order may be delayed if this Job Data Form is not completed and returned with the signed order confirmation. **Fax to: (210) 650-0379**

PRODUCT/SYSTEM: \_\_\_\_\_ CUSTOMER CODE: \_\_\_\_\_  
COLOR: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_ NUMBER OF SQUARES: \_\_\_\_\_

### JOB NAME

JOB NAME: \_\_\_\_\_  
PHYSICAL ADDRESS (MAY NOT BE PO BOX): \_\_\_\_\_  
JOB CITY/STATE/ZIP: \_\_\_\_\_  
JOB PHONE NUMBER: \_\_\_\_\_

### BUILDING OWNER

OWNER NAME: \_\_\_\_\_  
OWNER ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
OWNER PHONE NUMBER: \_\_\_\_\_

### ARCHITECT

COMPANY NAME: \_\_\_\_\_  
CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE/FAX NUMBER: \_\_\_\_\_

### BERRIDGE CUSTOMER / ROOFING CONTRACTOR / INSTALLER

INSTALLER NAME: \_\_\_\_\_  
INSTALLER ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
INSTALLER PHONE NUMBER: \_\_\_\_\_

### GENERAL CONTRACTOR

G.C. NAME: \_\_\_\_\_  
G.C. ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
G.C. PHONE NUMBER: \_\_\_\_\_

### LENDER / BOND INFORMATION

\*If in California, lender information must be provided

IS THIS JOB BONDED?  NO  YES

**IF YES, COMPLETE THE FOLLOWING INFORMATION BELOW:**

LENDER / BONDING COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
BOND NUMBER: \_\_\_\_\_ BOND TYPE:  PRIVATE  PUBLIC  FEDERAL

**CERTIFICATION:** The signature below is verification that all information shown above is true and acceptable for use in filing property liens, if necessary, to secure payment on material and/or labor.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_