

Capital Precast

San Marcos, TX

Completed By: _____

Date: _____

Please fill out completely prior to first delivery and return to us.

REQUEST FOR PROJECT INFORMATION

CUSTOMER NAME			
MAILING ADDRESS:		OFFICE PHONE:	
CITY / STATE / ZIP:		FAX NUMBER:	
CONTACT PERSON:		EMAIL:	
QUOTE NUMBER:		TAX ID #:	
JOB NAME			
JOB #:		PO #:	
CUSTOMER IN CONSTRUCTION CHAIN: <input type="checkbox"/> OWNER <input type="checkbox"/> GENERAL <input type="checkbox"/> SUB CONTRACTOR <input type="checkbox"/> 2ND SUB CONTRACTOR			
IS THIS WORK: (CHECK ONE) <input type="checkbox"/> PRIVATE <input type="checkbox"/> **PUBLIC <input type="checkbox"/> **FEDERAL <input type="checkbox"/> ***TAXABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
JOB ADDRESS (OR CROSS STREETS):		JOB SUPERVISOR:	
CITY / STATE / ZIP:		CELL PHONE #	
DRIVING DIRECTIONS:			
LEGAL DESCRIPTION: Per Tax Assessor Records	LOT #:	OTHER:	
	SUBDIVISION	BLOCK/SEC:	
SUB CONTRACTOR			
MAILING ADDRESS:		OFFICE PHONE:	
CITY / STATE / ZIP:		FAX NUMBER:	
GENERAL CONTRACTOR:			
MAILING ADDRESS:		OFFICE PHONE:	
CITY / STATE / ZIP:		FAX NUMBER:	
LEGAL OWNER OF DIRT/PROPERTY			
MAILING ADDRESS:		OFFICE PHONE:	
CITY / STATE / ZIP:		FAX NUMBER:	
BONDING INFORMATION			
Attach a copy of Payment and Performance Bond.			
SURETY NAME:			
MAILING ADDRESS:		OFFICE PHONE:	
CITY / STATE / ZIP:		FAX NUMBER:	
BOND #:			
SURETY INFORMATION IS REQUIRED FOR ALL PUBLIC & FEDERAL PROJECTS *IF NON-TAXABLE PLEASE SEND TAX EXEMPT CERTIFICATE			
QUESTIONS: PLEASE CALL 830.606.6200 6905 OLD BASTROP HWY - SAN MARCOS, TX 78666 - FAX 830.620.6201			