

CUSTOMER	NAME		DATE PREPARED	PROFIT CENTER NO.
	ADDRESS		PREPARED BY	SALESMAN
	CITY, STATE		CUSTOMER P.O. NO.	JOB NO.
	PHONE		FAX	
BONDING COMPANY	NAME			PHONE NO.
	BONDING NO.			
JOB	JOB NAME			
	ADDRESS OR DESCRIPTION OF JOB SITE			CITY, STATE, ZIP
	HOUSING TRACT NO.		LOT NUMBERS	
	TOTAL AMOUNT OF JOB CONTRACT		JOB TERMS % RETENTION	
	OUR CUSTOMER IS WORKING FOR: <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> OWNER <input type="checkbox"/> SUBCONTRACTOR		JOB IS: <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> REMODELING OR TENANT WORK	
	JOB IS TAX EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO *If Yes, Please Attach a Copy of Valid Exemption Certificate			
MATERIAL	DESCRIPTION OF MATERIAL TO BE SUPPLIED BY HAJOCA			
	MATERIAL SELL PRICE			
	ESTIMATED DATE OF FIRST SHIPMENT		ESTIMATED DATE OF LAST SHIPMENT	
LENDER	NAME		BANK BRANCH AND LOAN OFFICER, IF KNOWN	
	ADDRESS			
OWNER	NAME - (IF PUBLIC AGENCY GIVE DISBURSING OFFICER NAME)			TELEPHONE NO.
	ADDRESS			FAX NO.
PRIME CONTRACTOR	NAME			TELEPHONE NO.
	ADDRESS			FAX NO.
CREDIT DEPARTMENT INSTRUCTION TO PROFIT CENTER MANAGER	APPROVAL DATE	APPROVAL NO.	CREDIT LIMIT	SPECIAL INSTRUCTIONS
	<input type="checkbox"/> USE CUSTOMER ACCOUNT NUMBER			
FOR CREDIT DEPARTMENT USE	FIRST SHIPMENT DATE		NOTICE OF COMPLETION	
	PRELIMINARY NOTICE MAILED		RECEIPT NO	MECHANICS LIEN RECORDED
	DATE OF LAST SHIPMENT		LIS PENDEN	
	STOP NOTICE FILED			
	REMARKS			