

DISTRIBUTOR CORPORATION OF NEW ENGLAND

PROJECT INFORMATION SHEET

Must be completed for orders/projects in the amount of **\$15,000** or more. Please fill out completely & return to your sales person along with a signed Purchase Order

IS THIS PROJECT TAX EXEMPT? YES NO FAILURE TO CHECK A TAX BOX WILL RESULT IN DELAYS IN YOUR ORDER! If this project is tax exempt and your company is not tax exempt please include your exemption certificate when submitting this Project Information Sheet. To fail to submit an exemption certificate **WILL** result in unnecessary delays!

Your Company Name: A/C #: _____

DCNE Sales Representative: _____ Your PO # or DCNE's Quote: _____

Project Name: _____

Project Manager for your Company: _____ Cell Phone: _____

Estimated Total Project Amount: \$ _____ DCNE's Portion \$ _____

This is a: New Install Retrofit Replacement Other _____

Job Address: _____ City: _____ State: _____ Zip: _____

Parcel #: Tract #: Lot #: _____ County: _____

Owner of Property: _____

Full Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

General or Prime Contractor: _____

Full Address: _____ Phone _____

City: _____ State: _____ Zip: _____ Fax _____

Project Manager: _____ Cell Phone: _____

Email Address: _____

Lender: _____ Phone: _____

Full Address: _____ City: _____ State: _____ Fax: _____

Contact Name: _____

Bonding Company: _____ Phone: _____

Full Address: _____ City: _____ State: _____ Fax: _____

Bond Number: Please include a copy of your Payment Bond _____

Agent for Bonding Company: _____

Full Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Date of Completion: _____ Completed by: _____

To ensure there are no delays please complete all sections that pertain to your project. Include contact information. Use an additional sheet if necessary For questions call 781-322-8800 x 3326, 3325, 3315 or 3533. (PIS1101120