



1. CONTRACTING PARTIES

Contractor

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

State License Number: _____

Corporation: Partnership: Sole Proprietorship: Other:

In the State of: _____

Subcontractor and/or Material Supplier:

Name: D&M Industries, Inc.

Address: 4205 30th Avenue South Moorhead, MN 56560

Telephone: (218) 287-3100 Facsimile: (218) 287-2581

State License Number: MN – 4400801 ND – 103036 SD – 73-015038-8

Corporation in the State of North Dakota

2. PROJECT NAME AND LOCATION:

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

List all persons authorized to authorize/execute change orders:

Name	Email	Telephone
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Sales Tax for Project:	City	<input type="checkbox"/>	State	<input type="checkbox"/>	County	<input type="checkbox"/>
	Resale	<input type="checkbox"/>	Exempt	<input type="checkbox"/>	Out of State	<input type="checkbox"/>
Is this a pay request job?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

Legal Description: _____

County: _____

Send additional pages if necessary

ESTIMATED STARTING DATES:

Estimated First Delivery Date: _____

3. CONSTRUCTION LENDER:

Lender: _____

Address: _____

Telephone: _____ Facsimile: _____

4. FOR HUD PROJECTS:

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

5. TITLE COMPANY:

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

6. OWNER:

Name: _____

Address: _____

Telephone: _____ Facsimile: _____

8. CONTRACT DOCUMENTS: Contract entered into between CONTRACTOR and OWNER on _____.

Internal Use

Job #

Customer #:

Contract Total:

Tax Code/Rate:

0.00%

Scopes:

Cabinets (CAB)

Hardware (HDWE)

Doors, Frames & Hdw (DFH)

Hollow Metal (HMTL)

Doors & Frames (DOFR)

Millwork (MILL)

Doors (DOOR)

Rediframe (RDFR)

Division 10 (DV10)

Windows (WIND)

Check if a pay request job?

If yes, submit by date: EOM