1. CONTRACTOR INFORMATION

Name:

Address:

Telephone:

Corporation: ☐ Partnership: ☐ Sole Proprietorship: ☐ Other: ☐

State License Number: In the state of:

2. PROJECT INFORMATION

Name:

Address:

Telephone:

List all persons authorized to approve/execute change orders:

Name/Title Telephone Email

a.

b.

Expected first date of shipment: Expected last date of shipment:

3. OWNER INFORMATION

Owner Name:

Address:

Telephone:

4. ARCHITECT INFORMATION

Name:

Address:

Telephone: Email:

5. SALES TAX INFORMATION

City ☐ State ☐ County ☐ Resale* ☐ Exempt* ☐ Applicable Rate %

*Exempt or resale form required

6. PAY REQUEST INFORMATION

Is a pay request form required? Yes ☐ No ☐

If yes, what date is the request due?

Pay request recipient email:

D&M INDUSTRIES
4205 30TH AVE S, MOORHEAD MN
(218) 287 - 3100
weselldoors.com