PROJECT INFORMATION FORM

CUSTOMER / SUBCONTRACTOR:

Address:

Phone:  Fax:

Email:

PROJECT INFO / JOBSITE LOCATION

Name:

Address:      

SUB’S BONDING COMPANY:

Address:

Phone:       Fax:

OWNER:

Address:

Phone:       Fax:      

PRIME / GENERAL CONTRACTOR:

Address:

Phone:       Fax:      

PRIME / GC’S BONDING COMPANY:

Address:

Phone:       Fax:

INSTALLING CONTRACTOR:

Address:

Phone:       Fax:        
 Check here if same as Customer/Subcontractor

PUBLICLY OWNED  PRIVATELY OWNED

**Important:** Please fill out the above information to the best of your ability and return as soon as possible to avoid scheduling delays. If available, a copy of either the Sub or GC’s payment bond must be submitted to EFCO prior to the manufacturing of any material. Intentional or negligent misrepresentation of information is a legal offense and such misrepresentation will be used in any claim if circumstances deem it necessary.

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