



RETURN VIA: fax (303-288-5650) / e-mail (breynolds@swp.net)

## PROJECT INFORMATION FORM

### ACCOUNT TO BE CHARGED

Name of Account: \_\_\_\_\_  
(State Full Legal Name)

### PROJECT INFORMATION

Project Manager's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Project Address, City, State, Zip: \_\_\_\_\_

Project Phone: \_\_\_\_\_ Project Fax: \_\_\_\_\_

Property's Legal Description & County: \_\_\_\_\_

Description of Work Being Performed: \_\_\_\_\_

Permit #: \_\_\_\_\_ Map Included: Y / N (circle one) Gate Code: \_\_\_\_\_

### PROPERTY OWNERSHIP

Owner's Name: \_\_\_\_\_

Owner's Address, City, State, Zip: \_\_\_\_\_

### CONSTRUCTION LOAN/DRAW INFORMATION

Bank Name: \_\_\_\_\_

Bank Address, City, State, Zip: \_\_\_\_\_

Bank Rep: \_\_\_\_\_ Loan #: \_\_\_\_\_ Loan Amount: \$ \_\_\_\_\_

Date Draws Submitted: \_\_\_\_\_ Date Draws Paid: \_\_\_\_\_

### MISCELLANEOUS INFORMATION

Are you the General Contractor for the project? Y / N (circle one)

If NO, what is your relationship to the project? \_\_\_\_\_ (subcontractor, supplier, etc.)

If NO, who is the General Contractor for the project? \_\_\_\_\_

Do you use purchase orders? Y / N (circle one) Are Confirmations Required? Y / N (circle one)

Name of Person (s) Authorized to Sign on Account: \_\_\_\_\_

### BILLING INFORMATION

Name of Person (s) to Contact for Billing Questions: \_\_\_\_\_

Billing Address, City, State, Zip: \_\_\_\_\_

Billing Phone: \_\_\_\_\_ Billing Fax: \_\_\_\_\_

Billing Contact's E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SPECIALTY WOOD PRODUCTS, INC.

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