



# BERRIDGE MANUFACTURING COMPANY

## JOB DATA INFORMATION FORM

JD#: \_\_\_\_\_

**IMPORTANT:** Your order may be delayed if this Job Data Form is not completed and returned with the signed order confirmation. **Fax to: (210) 650-0379**

PRODUCT/SYSTEM: \_\_\_\_\_ CUSTOMER CODE: \_\_\_\_\_

COLOR: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_ NUMBER OF SQUARES: \_\_\_\_\_

### JOB NAME

NAME: \_\_\_\_\_

PHYSICAL ADDRESS (MAY NOT BE PO BOX): \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### BUILDING OWNER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### ARCHITECT

COMPANY NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE/FAX NUMBER: \_\_\_\_\_

### BERRIDGE CUSTOMER

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### ROOFING CONTRACTOR / INSTALLER

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

### GENERAL CONTRACTOR

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### LENDER / BOND INFORMATION

\*If in California, lender information must be provided

IS THIS JOB BONDED? ☐ NO ☐ YES

**IF YES, COMPLETE THE FOLLOWING INFORMATION BELOW:**

LENDER / BONDING COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_ BOND TYPE: ☐ PRIVATE ☐ PUBLIC ☐ FEDERAL

**CERTIFICATION:** The signature below is verification that all information shown above is true and acceptable for use in filing property liens, if necessary, to secure payment on material and/or labor.

Authorized Signature: \_\_\_\_\_

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