



CAL-SIERRA PIPE, LLC.

DOCUMENT # _____ DATE _____

CUSTOMER PLACING ORDER _____

JOB/PO# _____ CUST# _____

ESTIMATED \$AMT FOR THIS JOB \$ _____

CONTACT _____

PHONE _____

Please fill in all information areas.

OFFICIAL NAME OF PROJECT _____

PROJECT DESCRIPTION _____

COUNTY _____ PARCELL # _____

JOBSITE ADDRESS _____ CITY, STATE, ZIP _____

OR DESCRIPTION OF LOCATION _____

GENERAL CONTRACTOR _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ FAX _____

CONTRACT No. _____

REPUTED OWNER: _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ FAX _____

BONDING OR SURETY CO. _____

BOND OR POLICY NUMBER _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ FAX _____

LENDER IF ANY _____

LOAN OFFICER _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ FAX _____