

PROJECT FACT SHEET

Name of Contractor: _____

Street Address: _____

Mailing Address: _____

Business Telephone#: _____ FAX#: _____

Email- _____

Authorized (1)	_____	_____	_____
Representative:	Name	Position	Home Phone

Federal Tax I. D.#: _____

How do you prefer to have your draws delivered:	Fed Ex 2 day @ CSSG expense	_____
	Priority overnight at Contractor Expense:	_____
	Priority overnight using your Courier & account #:	_____

Courier Company: _____ Acct.#: _____

Name of Obligee: _____

Street Address: _____

Mailing Address: _____

Business Telephone #: _____ FAX#: _____

Authorized	_____	_____	_____
Representative	Name	Position	Home Phone

Brief Project Description: _____

Location of Project: _____

Project Owner: _____

Owner's Contact Person: _____ Phone#: _____

FAX#: _____

Architect: _____ Phone#: _____

FAX #: _____

Engineer: _____ Phone#: _____

FAX#: _____

Original Contract Amt. \$: _____

Project Start Date: _____ Completion Date: _____