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PRELIMINARY INFORMATION REQUIREMENT

Contractor: _____

Phone # _____ Fax # _____ Email: _____

Contractor Project #: _____ Bond # (if applicable): _____

Job sq ft: _____ Job's estimated Material Price: _____

Products & Quantities Required: _____

Job Site Name and Location:

Job Site Owner Name and Address:

Phone #

Fax #

General Contractor Name and Address:

Phone #

Fax #

Construction Lender (if applicable):

Completed by: _____ Date: _____

(Signature)

(Printed Name and Title)

****Note: Material will not be released until all information is completed.****