



619 Grand Street
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PROJECT INFORMATION FORM

MUST BE SUBMITTED BEFORE ORDER PROCESSING

Company Name: _____

Contact Name: _____

Phone number: _____

email: _____

Type of Contract:

Prime (Direct with Owner) _____

Sub-Contractor (with G.C.) _____

Tax Exempt Yes _____ No _____

If yes, please attach proper certificate

Job Name: _____

Ship To address: _____

TYPE OF JOB: (Please check one)

New _____

Addition _____

Remodel _____

City _____

County _____

State _____

Federal _____

Private _____

Owner Name _____

Address: _____

Phone number: _____

Owner's Agent or Lender/Title Co. (If applicable) _____
