

Please fax back to 561-687-1087 ASAP so that we can open your job account. Thank you.



**SUNSHINE
PLUMBING
SUPPLY, INC.**
"We Radiate Service"
Phone: 561-687-1496

JOB START FORM

Use this form for any job account you wish to set up.
This account will have a separate line of credit from your shop account.

Date: ____/____/____

Customer: _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____
Phone: (_____) _____
Fax: (_____) _____

Job Name: _____
Job Type: New
 Addition

Job Address: _____
City: _____ **State:** _____ **ZIP:** _____
County: _____

Is there more than one unit (house/office/apartment/building/etc.) you are working on at this Job? : _____

Date you first purchased materials from Sunshine Plumbing Supply for this Job : _____

Estimated Total Amount in Plumbing Materials to be Furnished: \$ _____

Payment Schedule from GC/Owner

Lump Sum when completed? Yes
 No
Monthly Draws? Yes **Draws submitted by** _____ **of Month**
 No
Paid for stored materials? Yes
 No
Draws submitted by: _____ **of the same/following month**

NOTICE OF COMMENCEMENT (Please fax us a copy or attach to this Form)

General Contractor

Name: _____
Phone: (_____) _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____

Owner

Name: _____
Phone: (_____) _____
Address: _____
City: _____ **State:** _____ **ZIP:** _____

Please note there will be a \$10 charge for job address information that is incorrect. Thank you.