



JOB INFORMATION SHEET

Fax to 775-359-7765 or email to billingdept@goblue team.com

****Please be sure to fill out every line below with the correct information. ****

CUSTOMER: _____

CUSTOMER ACCOUNT NUMBER: _____

PROJECT NAME: _____ JOB #: _____

PROJECT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APN#: _____

PAYMENT TERMS:

- You bill your customer on ___/___ of each month.
- You are paid on the ___/___ of same month or following month.

WNS MATERIAL AMOUNT: \$ _____

GENERAL CONTRACTOR: _____

PROJECT MANAGER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX#: _____

EMAIL ADDRESS: _____

