



6625 Arroyo Springs Street #170
Las Vegas, NV 89113

Ph. 702.367.0980
Fax 702.367.1285

Consolidated Electrical Distributors dba Vegas Electric Supply

PC #4094

Acct # _____

Job Information for Preliminary Notice

Date _____

Your Company _____

Your Mailing Address _____

Your Phone # () _____ Contact Name _____

Job Name _____ Nature of Job: New

Job Address _____ TI Site Underground

Lot #(s)/Bldg #(s)/Space #(s) _____ Street Ltg Sub Division

Type of Project: Federal State Private Your Job # _____ Apts Other _____

Whom are you contracted with: _____

Project start date _____ Project completion date _____

Estimated cost of material to be purchased from us \$ _____

Type of material being purchased _____

Original/General Contractor _____

GC address _____

GC Phone # () _____ Contact Name _____

Owner's name _____

Owner's address _____

Owner's Phone # () _____

Financing/Lender by _____ Phone # () _____

Address _____

Loan # _____ Contact Person _____

Bonding Agent/Surety (if required on job) _____

Address _____

Bond # _____ Agent _____ Phone # () _____

Completed by (Customer) _____ Title _____

PC Manager _____ Credit Manager _____

Date _____ Date _____