

JOB ACCOUNT APPLICATION

PLEASE PRINT CLEARLY

CUSTOMER INFORMATION

CORRECT LEGAL NAME OF BUSINESS _____ HIRSHFIELD'S ACCOUNT NUMBER _____

MAILING ADDRESS (for preliminary or other notices) _____ CITY _____ STATE _____ ZIP _____

PRIMARY NUMBER # _____ FAX # _____ Cell # _____

EMAIL ADDRESS _____

PROJECT INFORMATION

TYPE OF PROJECT:

- PRIVATE** _____ **PUBLIC** _____
- Residential State / County
- Owner Occupied Residential Federal Government
- Commercial P3 - Other

YOUR ROLE ON THE PROJECT:

- TOP TIER** _____ **LOWER TIER** _____
- Property Owner Subcontractor
- General Contractor Sub-Subcontractor
- Architect / Engineer
- Other

IMPORTANT DATES:

- Project Start Date: _____ Project End Date: _____
- Materials First Delivered Date: _____

Project Name _____

(As it appears on your contract)

EXACT ADDRESS OF PROJECT _____ CITY _____ STATE _____ ZIP _____

Estimated Material Total (\$) _____ Credit Requested \$ _____ PO # (Optional) _____ Tax Exempt Project? Yes No

*Tax Exemption certificate must accompany this application

GENERAL CONTRACTOR (required for lower tier applicants)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

PROPERTY OWNER (required for lower tier applicants)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

SURETY / BONDING COMPANY (required for state/federal projects)

Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

BOND INFORMATION:

Bond # _____ Bond Amount \$ _____

Hirshfield's Inc. may send project related documents to the parties listed on this application. The documents serve to notify these parties of Hirshfield's involvement as a material supplier on this project. The documents create transparency to help avoid any potential payment problems for all parties involved on the project. These documents may communicate language related to the process of filing a mechanics lien or miller act claim (in the event of non-payment), however these documents are not an indication of payment issues and are required by state and federal law to protect our rights. To obtain a copy of any documents sent relating to this project please contact Hirshfield's, Inc. credit department.

SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME _____



HIRSHFIELD'S, INC.

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Minneapolis, MN 55405