



# Project Information Sheet

Please complete all fields, print & fax to (603) 679-6724.

(Please allow 2 to 3 days of processing time to clear this Project Summary)

Fluid Transfer Products, LLC. OFFICE USE ONLY

Job Number(s) \_\_\_\_\_  
 Amount Order: \$ \_\_\_\_\_ Purchase Order # \_\_\_\_\_ (Attach Copy)  
 Approximate Ship Date: \_\_\_\_\_ Initials CSR \_\_\_\_\_

Customer Business/Firm Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Check One: \_\_\_\_\_ Private \_\_\_\_\_ Federal \_\_\_\_\_ State/Local Government

### JOB SITE INFORMATION

1. General Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Job Site Owner/End User: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Site Address (if different than 2): \_\_\_\_\_

3. Owner from whom equipment is being installed (if different than 2):

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Fluid Transfer Products, LLC  
 Office 603 679-9897  
 Fax 603 679-6724  
 FTP-LLC.com