

## Planning Your Project

Completion of this form allows us to determine which of our qualified staff members is best suited to call you for further discussion of your project needs.

Please print this out and fax it to us at 812-256-0465.

Company / Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Customer Classification     General Contractor     Homeowner     Architect  
    Distributor/Reseller     Design Build Form

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Best Time To Call    Morning            Afternoon            Eve

### PROJECT INFORMATION REQUESTED

Building            Residential            Commercial            Rural

Roofing            Re-roof            New Construction

### Trim & Accessories

Siding            Trim Flashings            Fasteners            Liner Panel  
Gutter            Insulation            Soffit            Doors  
Other \_\_\_\_\_

### ADDITIONAL COMMENTS / INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

### ANTICIPATED TIMELINE

Order Date \_\_\_\_\_ Start Date \_\_\_\_\_