

Exhibit “U”
SUBCONTRACTOR REFERENCE

PROJECT: _____ **SECTION(S):** _____
PROJECT
N0: _____

Please complete all applicable items below and return this form in order to facilitate communication between our organizations. Should you desire similar information from our company, please do not hesitate to ask.

Your correct mailing address is _____
(Include Street Location) _____

Phone Number: _____

Fax Number: _____

President: _____

Vice President: _____

Treasurer: _____

Credit Manager: _____

Persons responsible for project coordination:

Name: _____
Title: _____
Phone: Business: _____
 Cell Mobile: _____
 Home: _____
 Fax: _____

Persons Responsible for APPROVAL SUBMISSIONS:

Name: _____
Title: _____
Phone: Business: _____
 Cell Mobile: _____
 Home: _____
 Fax: _____

Subcontractor Field Superintendent:

Name:

Title:

Phone:

Business:

Cell Mobile:

Home:

Fax:

Subcontractor Production Manager:

Name:

Title:

Phone:

Business:

Cell Mobile:

Home:

Fax:

Person responsible for payment applications:

Name:

Title:

Phone:

Business:

Cell Mobile:

Home:

Fax:

Bank and contact if line of credit is used for the execution of subs work.

Name:

Title:

Phone:

Business:

Cell Mobile:

Home:

Fax: