



PO BOX 6, TORRINGTON, CT 06790
PHONE: 860-806-9700
FAX: 860-201-5162
YIELDRENTALS.COM

PROJECT INFORMATION

DATE: _____

CUSTOMER NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

Accounts Payable Contact: _____ Email: _____

PROJECT NAME AND NUMBER: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

Project Taxable: ☐ Yes ☐ No – Provide tax exempt Certificate with this form.

PROJECT OWNER'S NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

PROJECT BONDING CO. NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

GENERAL CONTRACTOR NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

PUBLIC AUTHORITY NAME: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Contact Name: _____

Is this job Bonded? Yes ☐ No ☐

If yes, please attach a copy of the payment and performance bonds.