



**Certified Builders, Inc.**

19225 Blount Road  
Lutz, FL 33558

813-948-6761

813-948-6604 fax

**Client Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Fax: ( ) \_\_\_\_\_

**Building Owner Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

**Job Site Information**

Formal New Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Legal Description of location: \_\_\_\_\_  
Folio No.: \_\_\_\_\_  
Proposed Job Start Date: \_\_\_\_\_

**Client Lender (Financial Institution) Information**

Name of Institution: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_

Fill out completely. Fax back to Certified Builders, Inc. A copy of Certified Builder's licenses and certifications of insurance will be faxed and mailed to Client.

Additional persons who should be copied on licenses and certifications of insurance:

Name: _____	Phone/Fax _____
Name: _____	Phone/Fax _____
Name: _____	Phone/Fax _____