Comal Concrete Products, Inc.

4222 FM 482 New Braunfels, TX 78132

E-Mail kimberly@comalconcrete.com

830-608-1699 SA Metro: 830-606-4732 Fax: 830-608-1396

In accordance with company policy, we require the following information to be on file for job in progress prior to delivery of product. Please complete and return to us at fax # (830) 608-1396. Please call if you have any questions. Thank you for your business.

Customer Name/Address:	Phone#:
TAXABLE: Yes: No: (If no, pleas	e submit a SALE TAX or RESALE EXEMPTION CERTIFICATE with this Job
Information Sheet. Certificates need to be received by our Code 3.287 D2 / D4, which states a sale is exempt at the tir held liable for payment of any sales taxes on this project.	office prior to delivery for invoicing as non-taxable per Texas Administrative me of transaction or "point of sale". Comal Concrete Products, Inc. will not be Sales taxes will be collected, no exception, unless the certificate is sent with this y contact our office. Thank you for your consideration in this matter.)
Acknowledgement:	
Signature and	Title Date
Project Name/Address: (Legal Description of Pr	roperty) PERMIT#:
Property Owner: Name/Address:	
General Contractor: Name/Address/Phone 1	Number
Bonding Company: Name/Address:	
Boliding Company. Name/Address.	
Items Ordered For Project:	Date of Delivery: