

Contact Information

BILLING INFORMATION Purchase Order Required? One Time **Each Inspection** None A/P Contact: Billing Company Name: Billing Address: A/P Phone: A/P Email: Certified Payroll Required: Yes No Receive Invoices Via Email: **Portal** Yes Nο Mail Receive Certified Payroll Via Email: Yes No If Portal is used, please provide website information: Tax Exempt: Yes No Yes, Certificate Attached If Tax Exempt: SITE INFORMATION ThermFlo Technician must provide notice prior to arriving on site COI Requirement for site sent to certs@thermflo.com PRIMARY SITE CONTACT: SECONDARY SITE CONTACT: Contact Name: Name: Contact Title: Title: Contact Email: Email: Office Phone: Office Phone: Mobile Phone: Mobile Phone: