

Job Order #____

| Order [| Date | | Time Received | Taken By | Office | F | Propos | al Date | | Customer # | New Client ☐ Yes ☐ No | Corporation Individual | | | |
|--|----------|----------------|-------------------|----------------|----------|--------|---------|----------------------|----------|----------------|------------------------|------------------------|--|--|--|
| Compa | ny | | | | | | So | c. Sec. | No./ Bi | usiness I.D. | | | | | |
| Order Placer | | | | | | | | Bank Reference | | | | | | | |
| Telephone #Fax # | | | | | | | | Supplier Reference | | | | | | | |
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| City State County Zip Directions to Work Site | | | | | | | | Credit Limit | | | | | | | |
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| Billing A | Address | (ii different) | | | | | - 1 | | | | | | | | |
| Type of | f Busine | ss: | | | | | | _ Туре | of Emp | oloyee: | | No | | | |
| Essenti | ial Func | tions (Duties | and Action): | | | | | | | | | | | | |
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| Skills F | Required | : | | | | | | | | | | | | | |
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| Work C | Comp Ra | ite: | Work Comp | Code: | | Commen | ts/Spec | cial Inst | ructions | : | | | | | |
| | | | : Safety Clothing | | | | | | | | | | | | |
| н | ardhat [| Eyel | Protection | Hearing Protec | ction 🗆 | | | | | | | | | | |
| Start D | ate: | | End Date: | Rep | ort To: | | P | ay Rat | e: | Bill | Rate: | Mult: | | | |
| Work H | ours: | | Time to Report: | Lun | ch Info: | | P | Pay Rate: Bill Rate: | | | | Mult: | | | |
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| Custom | ner Serv | ice Calls/Dat | te: | | | | | | | | | | | | |
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| Start | End | | | | Tele | phone | Pay | Pay | Pay | Weekly | | | | | |
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JOB ORDER FORM

| Company Name: | | | | | Phone: | | | | | | | |
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| | Job D | escription: | | | | | | | | | | |
| Start Date | End Date | Name | Telephone or Message | Pay Rate | Pay Rate | Pay Rate | Weekly Service Calls: | | | | | |
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