

Drywall

DATE		DEL DATE	
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C U S T O M E R	COMPANY		J O B L O C A T I O N	NAME		
	NAME			ADDRESS		
	PHONE			CITY		
	LINK #			LOT	BLOCK	BLDG. #
CONTRACTOR		SUBDIVISION				
OWNER		Plan #	JOB #	PO #		

___ 1/2" REG. 4 X (8 9 10 12)	___ PAILS MUD _____
___ 1/2" INT. CEILING BD.	___ BOX MUD _____
___ 5/8" F/C 4X (8 9 10 12)	___ 250' JOINT TAPE (ROLLS, CTNS)
___ 1/2" WR 4X (8 10 12)	___ STRAITFLEX CNR BEAD
___ 5/8" WR 4X (8 10 12)	___ BAGS OF HOT MUD (5 20 45 90 210)
___ 1/2" STRETCH	___ BAGS SPRAY (FINE, MED, COARSE)
___ 5/8" STRETCH	___ BAGS TEXT UNAGG
___ 1/2" DUR. (3X5 4X8 32X8)	___ (PC, BOX) MTL C/B (8 9 10 12)
___ 5/16" DUR. 3X5	___ (PC, BOX) MTL BN 10'
___ _____	___ (PC) MTL C/B 120° 10'
___ _____	___ _____
___ _____	___ _____
___ _____	___ _____

___ (PC) (___ X 10') TRACK (25 20 18 16) GA.	SPECIAL INSTRUCTIONS _____
___ (PC) (___ X 10') TRACK (25 20 18 16) GA.	
___ (PC) (___ X ___) STUDS (25 20 18 16) GA.	
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DELIVERY INSTRUCTIONS: _____

JOB	1 2 3 STORY	HIGH-RISE	HOUSE	APARTMENT	OTHER: _____
TYPE	WALK-UP	HAND UP	WINDOW OUT		

SALESPERSON