



475 East 4th Street North
PO Box: 435
Cottonwood MN 56229
800-977-2635
www.extremepanel.com

Information Requested

Date: _____
Customer: _____
Quote #: _____

Please provide information requested to the project coordinator assigned to your project.
This information is what is required by our staff to provide SIP Shop Drawings and other details.

BILLING INFORMATION:

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CELL #: _____
OTHER #: _____
E-MAIL: _____

SHIPPING INFORMATION:

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
CELL #: _____
OTHER #: _____
E-MAIL: _____

- _____ Billing address.
- _____ Job-site address for delivery.
- _____ Door and window rough openings.
- _____ Floor truss shop drawings **with reactions.**
- _____ Roof truss shop drawings **with reactions.**
- _____ Schedule - realistic date you expect panels on site
- _____ Most current Plan- Can we have a CAD File
- _____ Wall heights verified
- _____ Roof pitches verified
- _____ When is foundation going in?
- _____ Are hold downs required?
- _____ If hold downs are required are they provided by your concrete contractor?
- _____ Is there a curb height in the garage?
- _____ Any other special information about your project that you need our staff to know.
- _____ Timber frame shop drawings-
- _____ Timber frame - spacing between frame and panels
- _____ Timber Frame- Is tongue and groove applied before or after panels install.
- _____ Are you specifying the hold-down for your timber frame? If so what is it?
- _____ Are there any additional tools you will be needing. (Lift plates, foam cutter etc.)
- _____ Are you interested in having Extreme provide a Tyvek package for your project?
- _____ Are you going to want Extreme to unload your project, or do you have your own lift?