



**Minivalco**

**Job Details**

**Customer:**

**Account Number:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Job:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**General Contractor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_



Signature: \_\_\_\_\_

Purchase Order # \_\_\_\_\_

(Request Confirming P.O.)

**Please fill out and return to: Minivalco Inc.**



**3340 Gorham Ave.  
Minneapolis, MN 55426-4267  
(952)920-0131  
1-800-642-9090  
FAX (952)920-0236**

