

ALL-SPAN INC. 9347 ALL-SPAN DRIVE BRIDGEVILLE, DE 19933

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(302) 349 9460

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Preliminary Design and Consulting Service Agreement

Company Name:	Job Name:				
Contact Name:	Job Location:				
Date:	Due Date	Due Date for requested service:			
Phone:	Fax:		E-mail:		
l am: (Arch.) (Eng.) (CM) (GC) Other (specify)	0 10	
Type of job (school,	retail, military, ho	ospitality):			
Description of service	ces requested:				
		•			
l agree to pay All-Sp	an, inc. \$ 250.00	per hour fo	or the service(s) that	l am requesting.	
Name:(printed)			Name:(signature)		