



**CONSOLIDATED ELECTRICAL DISTRIBUTORS, INC.**

P.O. BOX 2107  
LA GRANGE, IL 60525  
Telephone (708) 469-0004  
Fax (708) 469-0010

**WAIVER REQUEST FORM**

**CUSTOMER NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**PHONE/FAX NUMBER:** \_\_\_\_\_

**METHOD OF DELIVERY:** \_\_\_\_\_ **# OF COPIES** \_\_\_\_\_

**OWNER'S NAME** \_\_\_\_\_

**JOB NAME** \_\_\_\_\_

**JOB ADDRESS** \_\_\_\_\_

**CITY, STATE & ZIP** \_\_\_\_\_

**COUNTY:** \_\_\_\_\_

<b>TYPE OF WAIVER</b>		<b>WAIVER AMOUNT:</b> \$ _____
Partial Unconditional	<input type="checkbox"/>	<b>INVOICE NUMBERS:</b> _____
Partial Conditional	<input type="checkbox"/>	_____
Final Unconditional	<input type="checkbox"/>	_____
Final Conditional	<input type="checkbox"/>	<b># OF COPIES</b> _____

**Additional information:** \_\_\_\_\_

Partial Chicago Title	<input type="checkbox"/>	<b>Contract Amount:</b> \$ _____
Final Chicago Title	<input type="checkbox"/>	<b>Previous Payments:</b> \$ _____
		<b>Balance Due:</b> \$ _____

**PLEASE FAX COMPLETED WAIVER REQUEST TO:**  
MELISSA BURALLI  
FAX# 708-469-0010  
dba Efengee Electric, Lappin Electric & Interstate Electric

**CREDIT OFFICE USE ONLY**

<b>If this is a Final Waiver:</b>	<b>Yes</b>	<b>No</b>
PC Contacted	<input type="checkbox"/>	<input type="checkbox"/>
Per PC Job Complete	<input type="checkbox"/>	<input type="checkbox"/>
1035 Cancel Requested	<input type="checkbox"/>	<input type="checkbox"/>
Job Folder Pulled	<input type="checkbox"/>	<input type="checkbox"/>

**Information Taken By:** \_\_\_\_\_  
**Date:** \_\_\_\_\_