

AUGUSTA BLUEPRINT

512 REYNOLDS STREET - AUGUSTA, GEORGIA 30901
706.722.6488 OR FAX 706.722.8935 | PRINT@AUGUSTABLUE.COM WWW.AUGUSTABLUE.COM

#25-193A Highland Ave WTP Filter Rehab Phase 2 for Augusta, Ga-Utilities Dept

Date: _____

Company Name: _____ P.O.# _____ Address: _____

City & State: _____ Zip Code: _____ Contact Person: _____ Phone# _____

Email Address: _____ Fax# _____

Total Cost for Drawings and Specifications: \$175.00 (tax included)

Digital Copy select: (additional cost \$18.00 per digital file): ☐ CD ☐ Email

All Bidders should have a Hard Copy of the aforementioned project, to be assured that each bidder has all the information if a bidder fails to make arrangements to receive the plans (hard copy). We will keep them here until the Bid opening.

Delivery Method: Augusta Blueprint Delivery (Local Only)

☐ Customer Pick-Up
☐ UPS Ground - Customer UPS# _____
☐ UPS Next Day Air
☐ Fed Ex Customer # _____

☐ Fed-Ex will be shipped Standard Overnight unless otherwise noted here: _____

For Additional Information Contact: Augusta Blueprint @706.722.6488

ONLY GENERAL CONTRACTORS who have purchased a hard copy of this project are entitled to purchase an additional digital copy. To assure that your bid is properly received this form MUST be filled out in its entirety. AUGUSTA BLUEPRINT WILL NOT BE RESPONSIBLE for incomplete forms.

☐ Check Box to approve sending Addendums by Email:

Addendums Email address: _____

SHIP ADDENDUMS TO: _____

Bill to Account or charge to Credit Card:

☐ Account ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Pay by Credit Card at [augustablue.com](https://augustablue.com/payment-center/) (Payment Center - <https://augustablue.com/payment-center/>) or fill in the following information to authorize us to process a one-time payment.

Credit Card#: _____ CVV _____ Expiration Date _____

Signature: _____

(Production will only start when the Financial Obligation has been fulfilled)

Submit form to print@augustablue.com