



AGC OF MINNESOTA FORMS

BUILDING FORMS

Order #	Item	Member Price	Non-Member Price
B50	Standard Subcontract Agreement - Labor & Materials (2013)	.75	1.50
B51	Builders Subcontract Agreement Rider (agree to comply with provisions of Collective Bargaining Agreements) (2009) (blue)	.15	.30
B53	Standard Purchase Agreement (replaced Materials Only) (2009) (on NCR paper - 3 part form (white/yellow/pink))	.85	2.55
B54	Labor & Materials Standard Deferred Payment Rider (2009)	.15	.30
B55	Labor & Materials Standard Contingent Payment Rider (2009)	.15	.30

HIGHWAY FORMS

Order #	Item	Member Price	Non-Member Price
H61	Standard Subcontract Agreement (set of 2 pads -double sided, 50 pages to a pad, 2013 edition)	19.00	57.00
H62	Highway Heavy Subcontract Agreement Rider (agree to comply with provisions of Collective Bargaining Agreements) (2008 Edition) (yellow)	.15	.30

The AGC of Minnesota B50 series and H61 series are available electronically through our website as a subscription. Users have unlimited access to the documents online for one full year. Members - \$295/Non-members - \$400 (plus sales tax). Contact Pat Lynch (651-796-2181 or plynch@agcmn.org) for more information.

MISCELLANEOUS

MP10	"STOP" Reserve Gate Signs (10 mil. vinyl) (4' x 4')	30.00	40.00
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SAFETY

(Contact Doug Swenson if you are looking for other safety forms – dswenson@agcmn.org)

MS2	Aerial Lift Operators Daily Checklist (carbonless copy 30 day book)	5.00	15.00
MS7	911 Emergency Telephone Number Signs (orange)	.55	N/A

For AGC of America publications visit www.agc.org/bookstore or call (800) 242-1767.

Publications Department
 AGC of Minnesota
 525 Park St., Suite 110, Capitol Office Building
 St. Paul, MN 55103-2186
 Phone: 651-632-8929 Fax: 651-632-8928
 www.agcmn.org

Date: _____

Purchase Order No. _____

If you have questions on publications call Pat Lynch at 651-796-2181.

BILL TO:

SHIP TO:

 Company

 Company

 Attn:

 Attn:

 Street Address

 Street Address

 City, State Zip

 City, State Zip

 Phone No.

 Email

STOCK NUMBER	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

- Payment: ● Check (payable to AGC of MN)
 ● Invoice (for members only)
 ● Credit Cards (VISA / MasterCard /
 American Express)
 (\$10 minimum charge)

Subtotal \$ _____
 Shipping \$5.80 or call for exact amount
 Sales Tax \$ _____
 Total \$ _____

Members Only: Please invoice us.

Payment: Check Invoice MasterCard American Express Visa

Card #: _____ **Exp. Date:** _____ **Security Code:** _____

Full name of cardholder: _____

Billing address of cardholder (including zip code): _____

Contact: _____ **Email:** _____

Company: _____

Address: _____