

SUBCONTRACTOR APPLICATION

Please complete and return via fax (949.298.4800) or email (info@avalonfunding.com)

BUSINESS CONTACT INFORMATION

Company Name			
Phone		Email	
Company Status	<input type="checkbox"/> Sole Prop <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership	Registered company address City, State ZIP Code	
Company Website		Date business commenced	
State Tax Id number		Federal Tax ID number	

OWNER #1 INFORMATION

Owner Name		Title	
Address		At Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Percentage of Ownership		Any Criminal Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Social Security Number	
Email		Date of Birth	

OWNER #2 INFORMATION

Owner Name		Title	
Address		At Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Percentage of Ownership		Any Criminal Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Social Security Number	
Email		Date of Birth	

OWNER #3 INFORMATION

Owner Name		Title	
Address		At Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Percentage of Ownership		Any Criminal Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone		Social Security Number	
Email		Date of Birth	

COMPANY INFORMATION

Monthly Volume		Intend to fund per month	
Number of Customers		Average Invoices per month	

President of Company		Vice President of Company	
Secretary of Company		Operating Manager	
DBA Name and County Filed		DBA Name and County Filed	
Previous Business Names Within Last Five Years		The Specific Services Your Company Provides	
Percentage of Work Subcontracted		What Service is Typically Subcontracted Out?	
941 Taxes Filed	<input type="checkbox"/> Yearly <input type="checkbox"/> Quarterly	Any Taxes Past Due	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Defaulted on a Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has Company Filed Bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSURANCE INFORMATION

Insurance Agent		Phone Number	
Policy Number		General Liability Coverage	
Surety Capacity		List of Bonded Jobs	

BUSINESS BANKING RELATIONSHIP

Bank Name		Phone Number	
Address of Bank		Contact Name at Bank	
Account Number		Routing Number	

PERSONAL BANKING RELATIONSHIP OF PRINCIPAL

Bank Name		Phone Number	
Address of Bank		Contact Name at Bank	
Account Number		Routing Number	

SUPPLIER/TRADE REFERENCES

1. Name		Contact	
Phone Number		Address	
2. Name		Contact	
Phone Number		Address	
3. Name		Contact	
Phone Number		Address	

CURRENT FINANCING

1. Type of Financing		Financing Firm Name	
Phone Number		Amount Owed	
Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured by	
2. Type of Financing		Financing Firm Name	
Phone Number		Amount Owed	
Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured by	

3. Type of Financing		Financing Firm Name	
Phone Number		Amount Owed	
Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Secured by	

QUESTIONS OR COMMENTS

PLEASE INCLUDE FOLLOWING INFORMATION WITH APPLICATION

Required Documents:

- Articles of Incorporation, Organizational Agreement, and/or DBA Filings
- Current A/R and A/P Aging
- Certificate of Insurance (General Liability and Worker's Comp)
- Copy of Contractor and Driver's License

Optional Documents:

- Balance Sheet (Most Recent)
- Profit and Loss (Most Recent)
- Federal Tax Returns (Most Recent)

ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE

Everything I have stated in this application is correct to the best of my knowledge. I authorize Avalon Funding Corporation (Avalon), both now and in the future to check my personal credit history and the credit history of the business. I also authorize the Origination Institution listed above to make available to Avalon, both now and in the future, any financial information in its possession relating to me or the company including: account information, loan information, financial reports, credit evaluations, reports prepared by credit agencies, and information obtained from creditors. By signing below, I agree with all the above and grant Avalon permission to file a UCC-1 financing statement.

SIGNATURES

1. Name and Title		Signature and Date	
2. Name and Title		Signature and Date	