

POINTE GENERAL CONTRACTORS, LLC

1209 POINTE CENTRE DR STE 105 CHATTANOOGA, TN 37421 PHONE 423-755-0845 FAX 423-267-6693

SUBCONTRACTOR APPLICATION FOR PAYMENT

COMPANY: _____ DATE: _____ REQUEST NO: _____

PROJECT: _____ BILLING PERIOD: _____

- | | |
|---|----------|
| 1. Original Contract Amount | \$ _____ |
| 2. Approved Change Order(s) | \$ _____ |
| 3. Revised Contract Amount | \$ _____ |
| 4. Previous Applications | \$ _____ |
| 5. Current Application | \$ _____ |
| 6. Total Percent Complete of Work to Date | _____ % |
| 7. Stored Materials \$ _____ | |
| 8. Total to Date | \$ _____ |
| 9. Less Retainage per Contract (____%) | \$ _____ |
| 10. Less Previous Payments/Billings | \$ _____ |
| 11. Amount to be Paid | \$ _____ |

To induce Pointe General Contractors, LLC to pay the amount of the application, the undersigned certifies that the work performed and the materials supplied to date, as shown on the above represent the actual value of accomplishment under the terms of the Contract and that we have paid all payroll, federal, state and municipal taxes and further that these funds will be used to liquidate all accounts outstanding against this project. By receipt of these funds this subcontractor waives all lien action against Pointe General Contractors, LLC.

OFFICER SIGNATURE

COMPANY

Subscribed and sworn before me this
____ day of _____, 20__.

Notary Public _____
My Commission Expires _____

<u>FOR POINTE USE ONLY</u>

NOTE: This application for payment must be correctly completed and to Pointe General Contractor's office by the **25th** of the month. Incorrect applications will be returned to the sender. **Terms: 2% Discount** if paid by the **5th** of the month. **Net due on or about the 15th of the following month.** We will take a discount to receive payment by the **5th** _____.(Initial)