Subcontractor Application

981 Iowa Avenue, Suite A Riverside, CA 92507 Phone 951-781-8055 Fax 951-781-1077 www.caconstruction.net



COMPANY INFORMATION						LICENSE INFORMATION				
Contact Name						License Number				
Company Name						Issuing State(s)				
Address 1						Classification(s)				
Address 2						Expiration				
City, State, Zip						SALES & BOND INFORMATION				
Phone Fax						Average Sales \$				
Email 1						Prior Year Sales \$				
Email 2						Bond Capacity (Per Job) \$				
Website						Aggregate \$				
GENERAL COMPANY IN	FORMAT	ION								
Federal Tax ID number					Principal Officer & Title					
Dunn & Bradstreet number					Do you have a Safety Policy and Program? Yes ☐ No ☐					
Legal Structure (check all that apply)										
□ Corporation □ LLC								□ Sole Proprietor		
□ Partnership	Partnership LLP				□ Non-Profit					
State Tax ID #					Primary NAICS					
Reseller #					Type of Service or Product					
Years in Business					Number of Employees					
Certification(s) (check all that apply) SBA 8(a) □ SDB □ HUBZone □ DVBE □ Other □									Other	
List Other Certifications					Service Area(s)					
Has your company ever been terminated for default on any contract? Yes 🗆 No 🗆 If yes, please explain on a separate sheet.										
Has your company ever been disbarred from doing business? Yes □ No □ If yes, please explain on a separate sheet.										
BANK REFERENCE										
Bank Name					Routing#/Bank Acct#					
Address					City, State, Zip					
Contact P					Phone					
TRADE REFERENCES										
Company	Contact	S	treet			City	State	Phone		
1.										
2.										
3.										
SIGNATURE & AUTHOR	IZATION	l								
The signature below represents and warrants that (a) the party signing below is an authorized representative of the company; and (b) that the information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. By signing this form, I expressly authorize Avi-Con, Inc. to contact the above references to determine credit worthiness.										
Print Name Title										
Authorized Signature						Date				