



DevCorp Contract Financing Facility, LLC
3960 Howard Hughes Pkwy, Ste 500
Las Vegas, NV 89169

Construction Contractor Financing Experts

702-732-1305
702-732-4229 (fax)
www.devcorp.net

Submittal Checklist:

- | | |
|--|--------------------------|
| Completed Application | <input type="checkbox"/> |
| Financials last 3 years | <input type="checkbox"/> |
| > Balance Sheet | <input type="checkbox"/> |
| > Income Statement | <input type="checkbox"/> |
| If most recent year's financials are more than 90 days old, include interim financials | |
| Current AR/AP Schedules | <input type="checkbox"/> |
| Dated same date as interim statements | |
| Current Year Projections (P&L Format | <input type="checkbox"/> |
| Pipeline | <input type="checkbox"/> |
| current jobs plus awarded contracts not yet started | |
| Signed Contract Document | <input type="checkbox"/> |
| Organization Chart | <input type="checkbox"/> |
| Résumés of Key Personnel | <input type="checkbox"/> |
| Proof of Pre-Qualification | <input type="checkbox"/> |
| Current Company Brochure or WebSite | <input type="checkbox"/> |
| (if available) | |

These items can be submitted by one of these methods:

E-Mail: info@devcorp.net

Mail to: DevCorp; 4301 S. Valley View Blvd, Suite 13 ; Las Vegas, NV 89103

Fax to: 702-732-4229



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Company Name _____

Address: _____

Mailing Address (if different): _____

Company Contact: _____

Office Phone: _____ **Cell Phone:** _____ **email** _____

Company President/Owner: _____

Office Phone: _____ **Cell Phone:** _____ **email** _____

Type of work generally performed: _____

Organization type:

Sole Proprietorship

Partnership

Corporation

Date Formed:

Date Incorporated:

Joint Venture

LLC

Other

Date Registered:

Ownership: (List all Owners with 5% or more ownership)

Name	% Ownership	Name	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____

General Data:

Years in Business _____ Annual Volume (ave last 3 yrs) _____
of Permanent Employees _____ Federal Employer ID# _____

Surety Data:

Current Agency or Agent _____

Currently bonded? Yes No Bonding Company _____

Single Project Limit \$ _____ Aggregate Limit? \$ _____

Previous Bonding Companies:

Name of Company	Line of Surety Credit	Reason for Change
_____	_____	_____
_____	_____	_____

Have you ever been refused bonding? Yes No

if yes, explain:

Contractor's Licenses (list all contractor's licenses)

State	License Type	Expiration date	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has a license ever been revoked or denied?

Yes No

If yes, provide details:

Organization/Management:

Attach an Organization Chart

Attach a narrative describing the roles/responsibilities of key personnel

Attach resumes of key personnel

Have you ever failed to complete a project?

Yes No

If yes, when and why?

Have you ever been charged with liquidated damages?

Yes No

If yes, how much and explain?

Credit Release:

Company Name: _____

I hereby authorize DevCorp to obtain one or more credit reports for the above named company and its owners. I understand such report(s) to be a necessary element of the determination of surety bonding and contract financing limits that may be offered to the above company. I further understand that information in such reports will be used for no other purpose beyond that stated here and will remain confidential.

Signed: _____

Title: _____

Date: _____

PROJECT PROFILE

Using the form below, prepare a project profile for each of your company's three (3) largest projects completed and all of your ongoing current projects.

Project Name: _____

Project Owner: _____ General Contractor _____

With whom did you have a contract? _____

Your Total Project Amount \$ _____ Your Contract Amount \$ _____

Your Actual Gross Profit \$ _____

Start Date: _____ Your Completion Date: _____

Owner Reference Contact: Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Fax _____

General Contractor Reference Contact: Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ Fax _____

Project Description: _____

Scope of Your Services: _____

