## SUBCONTRACTORS APPLICATION FOR PAYMENT & PARTIAL LIEN RELEASE

TO: Bradford Building Company, Inc. 2151 Old Rocky Ridge Road, Suite 100 Birmingham, AL 35216

INTERNAL USE ONLY-DO NOT WRITE IN THIS BOX								
JOE	3 NAME	≣ _						
COMI	МІТМЕ	NT _						
APPR	OVED	BY						
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FROM:				
JOB NAME	::			
	REQUEST #:		TO:	<u></u>
1.	ORIGINAL CONTRACT AMOUNT		\$	
2.	APPROVED CHANGE ORDERS	AMOUNT	\$	
3.	ADJUSTED CONTRACT AMOUN	Т	\$	<u></u>
4.	TOTAL COMPLETED & STORED	TO DATE (see attached breakdown)	\$	<u></u>
5.	LESS AMOUNT RETAINED ( 10%	per subcontract)	\$	
6.	TOTAL LESS RETAINAGE		\$	<u></u>
7.	TOTAL PREVIOUSLY CERTIFIED	(DEDUCT)	\$	<u></u>
8.	AMOUNT DUE THIS REQUEST		\$	<u></u>
Yes - No hereby certify	gaged any new suppliers/vendors for the Please list on page two and attach to the state of the s	the Subcontractor Application for Parallel Subcontractor	ayment.	
terms of the referenced pro	Contract (and all authorized changes tiject.	nereto) between the undersigned an	d Bradford Building Comp	pany, Inc. relating to the above
	hat all materials furnished and work per for labor performed and materials used it			plans and specifications, and all
(1) all my sub complied with	nat payment, less applicable retention, has contractors and (2) for all materials and Federal, State and Local tax laws, includes applicable to the performance of this Co	d labor used in or in connection with ling Social Security laws and Unemplo	the performance for this	Contract. I further certify I have
	v that I have received payments from the ent in full for all previous current amounts		9): \$	
DATE:	SUBCONTRACTO	OR:		
	SIGNATU	RE:		
Subscrib	ed and sworn before me this	day of	, 20	
				<u></u>
	My Commission Expires:			

Email pay apps to: payment@bradfordbuilding.com or fax to 205-970-4904.

## **Vendor List / Subcontractor Application for Payment**

Please list the name and contact information for any new suppliers/vendors for the job below.

We require all subcontractors to provide us with a list of suppliers/vendors. Please fill out this form and send back along with your signed subcontract and application for payment. If this form is not received or attached to your application for payment, **payments will not be processed**.

Subcontra	actor signature	Date
	_	
	_	
	_	
	_	
	_	
Vendors / Suppliers	Ver	ndor Phone # / Contact
Subcontractor:		
Job Name:		