

Contractor Payment Application Form

Contractor Information

Full Name/Business Name: _____

Phone Number: _____

Email Address: _____

Project Information

Project Title: _____

Client Name: _____

Project Address: _____

Payment Details

| Item Description | Quantity | Rate | Total Amount |
|------------------|----------|------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal: _____

Taxes: _____

Total Payment Due: _____

Payment Schedule

- Initial Deposit Amount: _____
- Due Date for Remaining Balance: _____
- Late Fee (if any): _____

Bank Information (for Direct Payment)

Bank Name: _____

Account Number: _____

Routing Number: _____

Contractor Certification

I confirm that the above information is accurate for payment processing.

Signature: _____ **Date:** _____