

BOTTOM LINE RESULTS CONSULTING

BLRC LLC

"Your Bottom Line is our Bottom Line"

FOUR LANTERN BROOK DRIVE

LINCOLN, RI 02865-4438

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PAUL@BLRCLLC.COM

Contractor's Application to Participate in the Contractor's Preferred Financing Program

Date: _____

Yes, I am applying to participate in BLRC LLC's "Contractor's Preferred Financing Program" RI Broker's License NMLS #1900142

Contractor Name: _____

Address: _____

City, State & Zip: _____

Contractor (Owner or Principal) Name: _____

Year Business Started or Years in Business: _____
(Minimum of one year of experience is required to participate in this program)

Principal's Driver's License State & Number (Provide a copy): _____

IRS Federal Identification Number (Provide a copy): _____

Contractor License # _____
(Provide a copy of the business license, if applicable, some industries do not require them):

Insurance carrier (Provide your Certificate of Insurance): _____

What Construction Category would you want to be listed under? _____

How did you hear about us and this program? _____

Deposit amount paid: \$ _____ Check number and date: _____

My deposit represents my intent to participate in this program.

Please select your participation payment choice: Annual Monthly Weekly

It is **required** that payments are set up to be direct payments per your selection above. If payments stop, then you are acknowledging your choice to withdraw from this program and you will be removed from the participating contractors listing.

Once approved, you will then be listed as a participating contractor on the Bottom Line Results Consulting website. Also, please provide a link to your website that I will include on my website. _____

Contractor's Signature: _____

Deposit Receipt acknowledged by Paul F. Lefebvre: _____