



PRCBuild

Dixieline
Builders Fund Control

JOB START FORM

THIS INFORMATION IS NEEDED TO
PREPARE FUND CONTROL AGREEMENT

Owner's Tax Identification #: _____

Date: _____

Owner: _____

Address: _____

City/State/Zip: _____

Email address: _____

Phone-Residence/Mobile: _____ Work: _____

Contractor: _____ License Number: _____

Address: _____

City/State/Zip: _____

Email address: _____

Phone-Residence/Mobile: _____ Work: _____

Lender: _____

Address: _____

City/State/Zip: _____

Email address: _____

Branch: _____ Loan Officer: _____

Phone: _____ Ext: _____ Job Type: _____

Funding: Request Draw Other, please specify: _____

Title Company: _____ Lender Loan Number: _____

Job Address: _____

City/State/Zip: _____

Contract Amount: \$ _____

Fund Control Fee: \$ _____ (to be confirmed by a fund control representative)

Are you interested in our Inspection Service? Yes* No *If yes, how many inspections will you
require each month? _____ Estimated duration of the project _____

Names of those signing vouchers (Authorizing Payment): _____

Owner Contractor

and / or _____

Owner Contractor

Please call our office if you have any questions when filling out this form.