

IJC Quick Start Form

Date: _____

Loan Amount: \$ _____

Disb. Amount: \$ _____

Loan Number: _____

Lender: _____

Address: _____

City/State/Zip: _____

Email address: _____

Branch: _____ Loan Officer: _____

Phone: _____ Ext: _____ Job Type: _____

Project Name: _____

Address: _____

City/State/Zip: _____

Owner: _____

Address: _____

City/State/Zip: _____

Email address: _____

Phone/Mobile: _____ Work: _____

Contractor: _____

Contact Person: _____ License Number: _____

Address: _____

City/State/Zip: _____

Email address: _____

Phone /Mobile: _____ Work: _____

Title Company: _____ Order Number: _____

Title Officer: _____

Job Address: _____

City/State/Zip: _____

How many inspections will you require each month? _____

Estimated duration of the project _____

Names of those signing draw requests (Authorizing Payment):

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Please call our office if you have any questions when filling out this form.
THIS INFORMATION IS NEEDED TO PREPARE FUND CONTROL AGREEMENT