



**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.