

**NATIONAL BUILDERS CONTROL, INC.**

1110 E. MAIN STREET • ALHAMBRA, CALIFORNIA 91801

(626) 281-8883 FAX (626) 281-7202

<http://www.nbc-inc.com>

JOB NUMBER

LENDER'S JOB INFORMATION

LENDER INFORMATION	Wednesday, September 13, 2017		
LENDER'S NAME:			
LENDER'S ADDRESS:			
LOAN OFFICER & TITLE:			
PHONE:		FAX:	
E-MAIL DRAWS TO (LIST EMAIL ADDRESSES):			
ONLINE ACCESS REQUESTED:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REGISTERED <input type="checkbox"/> PLEASE SEND REGISTRATION FORM		
BORROWER INFORMATION			
BORROWER'S NAME:			
AUTHORIZED SIGNATURES:			
BORROWER'S ADDRESS:			
BORROWER'S PHONE:		FAX:	
BORROWER'S CELL/PAGER:		EMAIL:	
CONTRACTOR INFORMATION			
CONTRACTOR'S NAME:			
AUTHORIZED SIGNATURES:			
CONTRACTOR'S ADDRESS:			
CONTRACTOR'S PHONE:		FAX:	
CONTRACTOR'S CELL/PAGER		EMAIL:	
CONTRACTOR'S LICENSE #:		TAX ID#:	
JOB INFORMATION			
FUNDING SYSTEM:	<input type="checkbox"/> VOUCHER <input type="checkbox"/> CO-SIGN <input type="checkbox"/> DRAW <input type="checkbox"/> SITE VISIT ONLY <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> OTHER _____		
RETENTION REQUIRED BY BANK:	<input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> OTHER _____		
RETENTION IMPLEMENTATION:	<input type="checkbox"/> SET UP RETENTION BUDGET FROM EACH LINE ITEM TO CREATE BC99 <input type="checkbox"/> HOLD UNCLASSIFIED @ THE END OF THE CONSTRUCTION LOAN		
COST REVIEW REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO FEE _____ IF YES, PLEASE PROVIDE THE FOLLOWING TO NBC ASAP: <input type="checkbox"/> FULL SET OF BLUEPRINTS IN PDF <input type="checkbox"/> CONSTRUCTION COST BREAKDOWN TOTALING CONSTRUCTION AMOUNT IN XL FORMAT <input type="checkbox"/> CONSTRUCTION CONTRACT <input type="checkbox"/> CONSTRUCTION SCHEDULE		
FUNDING SIGNATURES REQUIRED:	<input type="checkbox"/> ONE <input type="checkbox"/> TWO <input type="checkbox"/> OTHER _____		
PAYEE LIST REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
JOB TYPE (# UNITS AND TYPE):			
JOB ADDRESS:			
BANK LOAN AMOUNT:	\$0.00	LOAN TERMS:	MONTHS
CONSTRUCTION AMOUNT:		LOAN NUMBER:	
NBC SERVICE FEE:		% RATE:	
NOTES:		CONST TIME:	MONTHS

PLEASE FURNISH THE FOLLOWING TO NBC:PLANS: RECEIVED N/A ELECTRONIC FORMATCOST BREAKDOWN (XL PREFERRED): NBC FORM CUSTOM SOV/AIA PRELIMINARY TITLE REPORT _____ CONSTRUCTION CONTRACT N/A OWNER/BUILDER CONTRACTOR W-9 _____ BUILDING PERMIT OTHER _____ PARTNERSHIP/CORP INFO. _____ CONSTRUCTION SCHEDULE, IF AVAILABLE**FOR NBC USE ONLY**

JOB NUMBER			
JOB NAME			
MAP PAGE		PHOTOGRAPHER	
SITE MAP PDF	<input type="checkbox"/> YES <input type="checkbox"/> NO	CODES:	<input type="checkbox"/> SOV <input type="checkbox"/> SV <input type="checkbox"/> % <input type="checkbox"/> PSS <input type="checkbox"/>
SET UP DATE			

SERVICE AGREEMENT	<input type="checkbox"/> E-MAIL <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> DELIVER <input type="checkbox"/> PICK UP <input type="checkbox"/> MAIL <input type="checkbox"/> RECEIVED <input type="checkbox"/> FEE RECEIVED
COST ANALYSIS	<input type="checkbox"/> RECEIVED
MONTHS OF SERVICE	
VOUCHER PACKAGE	<input type="checkbox"/> OVERNIGHT <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP DATE: