

Signed

Must contain an original (not typed) signature to be processed

DFW Investor Lending, LLC

Office: 972-365-6260 Fax: 972-398-8401 16801 Addison Rd. #410, Addison, TX 75001

DRAW REQUEST FORM

Fax Repair Draw Request to 972-398-8401, or sign, scan and email to frank@dfwil.com Please submit by Wednesday at

5:00. Inspections occur Thursday	y, with funding on Fridays. Item should match	Draw Schedule and be 100% completed	
	FUNDING INF	ORMATION	
	(Please complete fully to ass	ure proper funding credit)	
orrower Name: Company Name:		Company Name:	
Borrower/Company Addre	ss:		_
Contact Phone:			
Check One: Funds may only be wired to	Wire Funds: Mail Check: Borrower (not any other party) unless	Pick Up Check at Office preapproved and signed below.	:
	Wire	Information	
Bank Name:	Account #:	Routing #:	
Bank Address:		Acct Name:	
	Prope	erty Location	
Address:		City/State/Zip:	
Access to property (Lockb	oox?):		
Date Property to inspect:			
REPAIRS TO BE PAID (FRO	OM DRAW SCHEDULE) - EACH ITEN	MUST BE 100% COMPLETE	Scheduled Cost
1			
2			
3			
4			
5			
6			
7			
8			
TOTAL DRAW AMOUNT			
LESS INSPECTION AND WIRE FEE (\$150):			(\$150.00)
LESS OTHER FEE(S) (des	cribe):		
NET DRAW/FUNDING AMO			
understand that should any por	s will be completed in a workmanlike fashio tion of the draw items not be completed at IL at their sole descretion. A standard insp	the time of the inspection, all or a portion	
	y upcoming monthly interest payment(s) from the current calander month. I authorize DF		

Date (mm/dd/yyyy)