

NATIONAL COLLATERAL EXAMINERS

Examination Inquiry/Request Form

LENDER/REQUESTOR DETAILS

_____ Lender Name	(_____)_____ Phone
_____ Address	_____ City, State, Zip
_____ First Name	_____ Last Name
_____ Title	_____ Email

BORROWER DETAILS

_____ Industry (what does the company do?)	
_____ Company Name	_____ Phone
_____ Primary Contact First Name	_____ Last Name
_____ Address	_____ City, State, Zip
_____ Email	(_____)_____ Phone

EXAMINATION & LOAN DETAILS

☐ Prospective, New	☐ Existing Relationship	☐ AR Only	☐ AR/Inv	☐ Inv Only	☐ Lease Co	☐ Other
Borrower Type		Exam Type				
\$_____ Line Limit	_____ Date Needed By					
_____ How Many Inventory Locations? - List Cities/States						
_____ <i>Any specific or unique Items to be addressed?</i>						

TO BE COMPLETED BY INTERNAL STAFF

☐ Entered in ERP as a Lead Record	☐ Entered By:_____	☐ Date Entered:____/____/17
Estimated Field Days:_____	Estimated Write-up Days:_____	Price Per Day: \$_____