



Best Finance Capital Inc.
Committed to your financing needs!

LOCK REQUEST FORM

Please email to LOCKDESK@BESTFINANCECAPITAL.COM

BRANCH NAME _____ LOAN OFFICER _____

PROCESSOR _____ TEL. _____ FAX _____

BFC LOAN#

BORROWER NAME _____

PROPERTY ADDRESS _____

LOCK CUT OFF 1:00PM

PURCHASE PRICE	\$	APPRAISAL VALUE	\$
LOAN AMOUNT	\$	LTV / CLTV	/
OCCUPANCY		PURPOSE	
PROPERTY TYPE	SFR / PUD / ()	IMPOUND	

PROGRAM CODE _____ INTEREST RATE _____ % LOCK PERIOD 15 / 25 / 30

BASE PRICE _____

ADJUSTMENTS	LTV/FICO	_____ %	HB R/T	_____ %
	CASH OUT	_____ %	HB C/O	_____ %
	N/O/O	_____ %		_____ %
	NO IMPOUND	_____ %		_____ %
	STATE ADJUSTMENT	_____ %		_____ %
	CONDO	_____ %		_____ %
	2-4 UNITS	_____ %		_____ %
	SUB. FINANCE	_____ %		_____ %
				_____ % TOTAL ADJ

CREDIT TO BORROWER: _____

DISCOUNT FEE: _____ % COST TO BORROWER

(*Credit cannot exceed actual closing cost.)

TOTAL AMT TO BRANCH (L/O): _____

TODAY'S DATE: _____ LOCK REQUEST BY : _____

EMAIL FOR LOCK CONF. _____