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Appraisal Order Form

Date _____

Client/Company: _____

File# _____

Contact _____
Telephone _____ Fax _____

Property To Be Appraised:

Address _____

PURCHASE ____ REFINANCE ____ OTHER ____
SINGLE FAMILY ____ MULTI/FAMILY ____ CONDO ____ DRIVEBY ____

Contact Information:

Borrower/Client _____

Phone - Home _____ Office _____

Real Estate Broker/Agent _____ Phone _____

Selling Price \$ _____ Value Estimate if Refinancing \$ _____

Special Instructions _____

COD _____

BILL _____

Signature: verifying you are responsible for payment whether or not the loan closes (for billing only) We will not bill unless payment is guaranteed by the requestor.