



### APPRAISAL ORDER FORM

Delivery: (check one) <input type="checkbox"/> Standard <input type="checkbox"/> Rush	Order Date: _____ / ____ / ____
Payment: (check one) <input type="checkbox"/> COD <input type="checkbox"/> Bill (With prior management approval)	Due Date: _____ / ____ / ____

#### ORDERED BY

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### LENDER/CLIENT INFORMATION

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### PROPERTY INFORMATION

Property Type: (check one)  Single Family  Condo  Multi-Family  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Assessor Parcel #: \_\_\_\_\_

#### BORROWER/PROPERTY CONTACT INFORMATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Agent / Other Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### ADDITIONAL INFORMATION & SPECIAL INSTRUCTIONS

New Construction: (check one)  Yes  No      Plans/Specs Needed: (check one)  Yes  No

**Retroactive Appraisal:** (check one)  Yes  No      **Retroactive Appraisal Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Purchase      Purchase Price(Provide Contract): \_\_\_\_\_

Refinance      Refinance Estimate: \_\_\_\_\_

Purpose:  Estate      Estate Name: \_\_\_\_\_

Other      Value Based On(check one):  Date of Passing: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  Current Date

Other      Purpose of Appraisal: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Thank you for your business!**



**ACCEPTED**