



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!