

APPRAISAL ORDER FORM

LENDER - CLIENT INFORMATION

CONTACT _____ COMPANY: _____
ADDRESS _____
CITY : _____ STATE : _____ ZIP : _____
PHONE #: _____ FAX #: _____
EMAIL: _____
ORDERED BY: _____

BORROWER INFORMATION / CONTACT FOR ENTRY

TO EXPEDITE THE PROCESS OF YOUR ORDER ALL FIELDS SHOULD BE COMPLETED

BORROWER: _____ APN #: _____
STREET ADDRESS: _____ CITY: _____
STATE : CA _____ ZIP : _____ COUNTY : _____
HOME #: _____ WORK #: _____ CELL #: _____
PAYMENT METHOD : COD _____ BILL LENDER _____ OTHER _____
FULL APPRAISAL FOR THE AGREED UPON FEE OF : _____ \$350 _____ OTHER _____

OPTIONAL :

SET APPOINTMENT FOR : DATE _____ TIME _____

PROPERTY INFORMATION

PROPERTY TYPE: SINGLE: _____ MULTI: _____ CONDO: _____ OTHER: _____
RESIDENCE: _____ RENTAL: _____
A. # OF UNITS _____ STYLE: _____ SQ. FEET _____
B. # OF BEDROOMS _____ BATHROOMS: _____
C. BASEMENT ? _____ CENTRAL AIR? _____
D. GARAGE ? _____ POOL? _____ FIREPLACE ? _____
E. EXTRAS ? _____

LOAN INFORMATION

ESTIMATED MARKET VALUE:\$ _____ LOAN AMOUNT: \$ _____
PURCHASE: _____ REFINANCE: _____
PURCHASE PRICE \$ _____
(ONLY IF PURCHASE)

PLEASE COMPLETE AND FAX FORM TO:
Fax 209-537-3054