

APPRAISAL ORDER FORM

Company Name Loan Officer Name Loan Officer E-mail Processor Name Processor E-mail
Company Address Loan Officer E-mail Processor Name
Processor Name
Phone Processor E-mail
Fax Loan #
Purpose Subject Info
PurchaseRefinance Borrower:
Other: Owner:
Appraisal Sarviga Required: Street:
Appraisal Service Required: City:
State:Zip:
(i.e. URAR, 2055 Interior, Desk Review, Field Review, 2055 Exterior Only, etc.) County:
FHA #: Parcel No:
Occupant (if other than owner):
SALES INFO
Sales Price: Property Type:
Estimated Close Date: Single-family Multi-Family Manufactured
Listing Agent: Vacant Land New Construction
Ph:
Selling Agent: For Access
ph·
Name:
Purchase & Sale Agreement Attached: ———————————————————————————————————
N Name:
— Will be faxed Ph:/
home work
Instructions/Comments:
Deliver to the following email address:
"As Is""Subject To" Est. Value: Due By:
Bill Us (Attn:)

PAYMENT IS DUE WITHIN 30 DAYS UNLESS PRIOR ARRANGEMENTS ARE MADE.

APPRAISAL FEES CANNOT BE CONTINGENT UPON THE APPRAISED VALUE OF THE PROPERTY NOR THE CLOSING OF THE LOAN.