

FAX APPRAISAL ORDER FORM

FAX: (954) 772-1729

EMAIL: mikecibene@aol.com

DATE: _____

TIME: _____

COMPANY INFORMATION

COMPANY/LENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROCESSOR'S NAME: _____ PHONE #: _____

LOAN OFFICER NAME: _____ PHONE #: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL: _____

INFORMATION OF PROPERTY TO BE APPRAISED

BORROWER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LEGAL: LOT/UNIT: _____ BLOCK/BLDG: _____

SUBDIVISION/CONDO NAME: _____

FOR ACCESS CONTACT: _____

HOME #: _____ WORK #: _____ CELL #: _____

PURPOSE: (CIRCLE ONE)

SALE REFINANCE RELOCATION LEGAL REASONS

SALES PRICE/VALUE: _____ FEE QUOTED: _____

LOAN APPLICATION NUMBER: _____

METHOD OR MEANS OF PAYMENT (CIRCLE ONE)

CASH CHECK MC/VISA CREDIT CARDS ONLY

IMPORTANT NOTE: ALL APPRAISALS ARE C.O.D. AT TIME OF INSPECTION. WE CAN ACCEPT MASTERCARD AND VISA CREDIT CARDS. NO APPRAISAL REPORT WILL LEAVE THIS OFFICE WITHOUT PAYMENT.

PLEASE ATTACH CONTRACT, WARRANTY DEED, AND SURVEY TO THIS FAX APPRAISAL ORDER FORM.

TOTAL NUMBER OF PAGES INCLUDING THIS COVER PAGE: _____