

Appraisal Order Form

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DUE DATE .

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FILE#

any	Company: Agent:
<u>Company</u>	Address:
Col	Ph# Fx# Email:
Property	Borrower Name(s):
	Property Address:
	Property Type: Single Family Condo 2-4 Units / # of Units
	Occupancy:
Contact	☐ Contact the Borrower/Owner listed above
	☐ Tenant / Name: ☐ Listing Agent / Name:
	Home Phone: Work Phone:
	Cell Phone: Other #:
Appraisal	REFI Borrower's Estimate of Value: \$
	SALE Sales Price: \$ (Please fax or email us a copy of the sales contract)
	Form Needed:
Payment	☐ Customer to Pay (C.O.D.) Fee: \$ ☐ Bill Us Fee: \$
	Split Payment: \$ / \$ (Refer to Fee Schedule for Fees)
	(Billing terms: Due in 30 days. Appraisal fees are not contingent upon a loan closing. Appraisal delivery completes the assignment.)
Ра	Please sign to accept billing terms Date:

(All City Appraisal Office Use Only)

TIME _

INSP. DATE_