

APPRAISAL REQUEST FORM



Appraisals Direct

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Email: Orders@Appraisals-Direct.com

Web: www.Appraisals-Direct.com

Client/Lender Information

Lender/Client Name: _____ Order date: _____

Full Address: _____

Loan Officer/Processor: _____ Email: _____

Phone _____ Fax: _____

Assignment Information

Type: URAR/Full Appraisal____ FHA____ Condominium____ Exterior/Drive By____

Rent Schedule/Operating income statement____ 2-4 Family Income Property____

Comps only____ Land only____ New Construction____ Other____

Primary Residence____ Second Home____ Investment Property____

Purpose: Purchase____ Refinance____ Market Value____

Loan amount: _____ Sales Price: _____ Estimated value: _____

Listing agent: _____ Phone: _____

Payment Method:

COD____ Credit Card____ (email required) _____
(Invoice with payment instructions will be emailed)

DUE DATE: _____

Property Information

Borrower: _____

Address: _____

City: _____ Zip: _____ County: _____

Contact and Access Info

Contact name: _____ Home #: _____ Work: _____ Cell: _____

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By submitting this form you authorize **Appraisals Direct** to perform the service requested. Payment is due upon inspection (COD), Credit card payment available. A \$100 fee will be assessed for any file cancelled while in progress. If not in progress, no fee will be assessed.