



APPRAISAL ORDER FORM
FAX TO: 951-247-7775

LICENSE #AL003131 • www.acceleratedappraisalco.com

YOUR NAME:		EMAIL ADDRESS:			
COMPANY NAME:					
PHONE NUMBER:		FAX NUMBER:			
STREET ADDRESS: (where you want appraisal sent)					
CITY:		STATE:	ZIP CODE:		
BORROWER'S NAME:					
SUBJECT ADDRESS:					
CITY:		STATE:	ZIP CODE:		
SUBJECT LEGAL:					
SALE PRICE:		REFINANCE:			
LOAN AMOUNT:					
SELECT APPRAISAL TYPE:					
<input type="checkbox"/> FHA	<input type="checkbox"/> Conventional	<input type="checkbox"/> Drive-By	<input type="checkbox"/> Condo	<input type="checkbox"/> 2-4 Unit	<input type="checkbox"/> Manufactured/Mobile
CONTACT FOR ACCESS:					
PAYMENT METHOD All Appraisals are C.O.D. unless prior billing arrangements have been made.					
<small>(if BILL LENDER: lender agrees to pay for appraisal within thirty (30) of receipt of appraisal, and will pay for appraisal if loan dosen not close/fund. Lender further agrees that payments after 30 days will include a \$70 late fee and understands that all nonpayments will be forwarded to collections and/or small claims court).</small>					
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> BILL LENDER				
COMMENTS OR SPECIAL INSTRUCTIONS:					
Please Fax to Accelerated Appraisal Co. - 951-247-7775					