

APPRAISAL ORDER FORM



Please fill in all fields. Those marked with an asterisk (*) are mandatory.

Tel: 416-674-1041, Fax: 416-674-1042

*NAME	
*E-MAIL	
COMPANY NAME	
*PHONE NUMBER	
*SUBJECT PROPERTY	
*CITY / REGION	
POSTAL CODE	
*APPLICANT NAME	
*APPLICANT PHONE NUMBERS	
CONTACT NAME/AGENT AND PHONE NUMBERS	
<u>APPRAISAL GOES TO/LENDER</u>	
CONTACT NAME	
E-MAIL	
PHONE NUMBER	
ESTIMATED MARKET VALUE / PURCHASE PRICE	
MORTGAGE TOTAL	
CONDITIONAL SALE	Yes/No
*DATE REQUIRED	
*CLOSING DATE	
*TYPE OF PROPERTY	Residential / Commercial
*TYPE OF APPRAISAL	Full / Drive by / Update / Other
*PURPOSE	Purchase/ Refinance/ Market Value [Divorce/Estate/Buyouts/Other]
*PAYMENT METHOD	<input type="checkbox"/> Pick up at the door(Please notify your client/applicant in advance) OR <input type="checkbox"/> Invoice (Only by prior arrangement)
Special instructions	