Appraisal Order Form

ORDER INFORMATION

General

File No.: _____ Loan Type: _____

Case No: _____ Job Type: _____

Client No.: _____ Property Type: _____

DOS File No: Form Type:

Property Information

Address: _____

City: _____ County: _____ St: ____ Zip: _____

Location: _____ Map No: _____ Census: _____

Legal: _____

Sale Price: _____ ☐ Refinance Loan Amt.: _____ Date of Sale: _____

Rooms: Bedrooms: Baths:

Borrower First: Last: Owner:

Status:

Dates

Ordered: _____

Due: _____

Assigned: _____

Inspected: _____

Reviewed: _____

Signed: _____

Canceled: _____

Fax/EDI: _____

Delivered: _____

User Defined: _____

Invoiced: _____

Paid: _____

Appraiser Paid: _____

CLIENT

Client Information

Client: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Misc:

Billing Client Information

Client: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____

Misc:

Billing Information

Fee: _____

Misc. Fee: _____

Payment 1: _____

Payment 2:

Due: _____

APPRAISER

Appraiser Information

Appraiser: _____ Supervisor: _____

Cert #: _____ State: ____ Cert #: _____ State: ____

License #: State: License #: State:

INSTRUCTIONS/CONTACTS

Primary Contact Information

Primary Contact: _____ Home Phone: _____

Best time to call: Work Phone:

Secondary Contact Information

Secondary Contact: _____ Home Phone: _____

Best time to call: Work Phone:

Special Instructions

COMMENTS

Comments

This form was produced on the ACI Development RapidForms system (800) 234-8727