



Phone: 813-679-5615

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Order Form

Date Ordered: _____ **Date Due:** _____

Client Information

Company Name: _____

Company Address: _____

Loan Officer: _____

Phone Number: _____

E-Mail Appraisal to: _____

Subject Property Information

Borrower's Name: _____

Property Address: _____

Contact Name: _____

Phone No: _____

Est. Closing Date: _____

Owner's Est. Value: _____

Appraisal Requirements

Loan Type: _____ **Refinance** _____ **Purchase (Must Attach Contract)**

Type of Appraisal: _____ **Full/1004** _____ **Recertification** _____ **Condo**

_____ **Drive-By** _____ **Multi-Family** _____ **FHA**

Appraisal Fee: _____ **Collect at the Door**

_____ **Bill***

*By selecting "Bill" and signing below you agree to guarantee the appraisal fee will be paid by you **regardless** if the loan closes or not. This fee shall be paid within 30 days of the date of the appraisal.

Printed Name and Signature of Authorized Representative