

# Appraisal Order Form

Borrower Name \_\_\_\_\_

Subject Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone # 1 \_\_\_\_\_

Phone # 2 \_\_\_\_\_

FAX this form to:

**410-284-2329**

Rec. \_\_\_\_\_

Comp Check \_\_\_\_\_

This box of AAIS Use only.

**Please circle what applies**

Loan Type: FHA      Conventional      VA      Other \_\_\_\_\_

Type of Transaction    Purchase                      Refinance                      1st Mortgage

Transaction amount    Purchase Price \_\_\_\_\_    Loan Amount \_\_\_\_\_

Payment Options:      Appraisal Fee \_\_\_\_\_    COD, COD 50/50, Bill Us

Loan Officer \_\_\_\_\_    Email Address \_\_\_\_\_

Processor \_\_\_\_\_    Email Address \_\_\_\_\_

Company \_\_\_\_\_

Phone Numbers:

Address \_\_\_\_\_

Office \_\_\_\_\_

City State Zip \_\_\_\_\_

Cell \_\_\_\_\_

Other Information or remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_