

APPRAISAL 2000

ORDER FORM

Virginia, Maryland and Washington, DC
6619 Deer Gap Court
Alexandria, VA 22310
Phone: 703-922-0081

Fax Order Line
703-922-7808
Contact: Jack Crouse

Date: _____

Lender Name: _____

Lender Address: _____

Lender Phone Number: _____ Lender Fax Number: _____

Loan Officer Name: _____ Phone No.: _____

Fax No.: _____ E-Mail Address: _____

LENDER E-MAIL ADDRESS (where Appraisal Report to be sent):

PROPERTY ADDRESS: _____

City/State: _____ County: _____ Zip Code: _____

BORROWER'S NAME: _____

Phone Numbers: H) _____ W: _____ Cell: _____

House Type: _____

Is this an FHA Appraisal: YES ___ NO ___ If Yes, FHA CASE # _____

REFINANCE? YES ___ NO ___ PURCHASE? YES ___ NO ___

PURCHASE?: PRICE: _____ SELLER'S CONCESSIONS: _____

Real Estate Listing Agent Contact: _____ Phone No.: _____

COLLECT FEE FROM BORROWER: YES ___ NO ___

INVOICE LENDER: YES: ___ NO: ___

COMMENTS: _____

