



3890 MORNINGSIDE DR, TRAVERSE CITY MI 49684
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Appraisal Order Form

Date of request _____

Intended USER: _____ Client _____

(financial institution/Homeowner)

ADDRESS _____

CITY/STE/ZIP _____

Requestor NAME: _____

Phone _____ TEXT: _____

Email _____

Property Address: _____

Tax ID _____

Borrower Name _____

Purpose of Appraisal(Intended useRequired) _____

Contact for Inspection: _____

Home _____ work _____

Listing Agent _____ Selling Agent _____

Purchase _____ Refinance _____ New Construction _____ FHA _____ RD _____ VA _____ IRS _____ ESTATE _____

FNMA _____ CONVENTIONAL _____ (ATTACH SPECIFIC REQMTS) UAD REQD _____

Loan Number/Case NO. _____

Sales Price _____, Selling Concessions _____

Type: URAR(1004)(05) _____ 2055(05) INT/EXT _____ 2055(05) EXT _____

1004C(05) Manuf Housing _____ Final Inspect _____ 1073(05) Condo _____ 1025(05) _____

216 _____ Oper.Income Statement _____ 2000(05) Field Review _____ Desk Review _____

Vacant Land _____ Other: _____

_____ COLLECT Appraisal Fee of \$ _____ at time of inspection or Other

_____ INVOICE Client Appraisal Fee \$ _____ Due Upon Completion

Net 20 days invoice, \$15.00 Late fee, 2% thereafter

Credit card # _____ Sec Code(_____) Zip of CC _____

Name with CC _____ Expire date _____ Visa/MC

Requestor/Client Signature _____

**** **Signature required for Processing** invoiced orders and binds requestor/client to responsibility for payment. Signature assigns they have authority to bind CO into invoice arrangement and all other Management Approvals have been met.

This appraisal is for the sole and exclusive use of the above referenced CLIENT. The purpose is stated above but foremost is to estimate the market value of the proeprty. This is appraised Fee simple interest unless otherwise stated. The appraisal will be prepared in accordance with USPAP. A Statement of Limiting Conditions and Appraisers Certification will be attached.