

APPRAISAL ORDER FORM (Version 03/03/2006)

RESPONSIBLE PARTIES:

*Intended User of Report (our Client)

Ordered By (if different)

Company Name:			
Address:			
Phone(s):	Phone(s):		
Fax:	Fax:		
Processor:	Phone(s):	Order Date:	/ /
Loan Officer:	Phone(s):	Needed By:	/ /

E-Mail(s) for Report Delivery: _____

**Intended User is our client and is ultimately responsible for payment. The borrower is not our client!!*

This is a: (check all that apply)

REPORT	<input type="checkbox"/> 1004 FULL/URAR	<input type="checkbox"/> 1004D FINAL INSPECTION	<input type="checkbox"/> Purchase	<input type="checkbox"/> Investment Property Do you need Rental and OIS? <input type="checkbox"/> Condo
	<input type="checkbox"/> 2055 DRIVE-BY	<input type="checkbox"/> COMPARABLE RENT SCHED.	<input type="checkbox"/> Refinance	
	<input type="checkbox"/> LAND APPRAISAL	<input type="checkbox"/> OPERATING INCOME STMT.	<input type="checkbox"/> New Construction	
			<input type="checkbox"/> Manufactured Home	
Current Occupancy: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT				
Intended Occupancy: <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT <input type="checkbox"/> VACANT <input type="checkbox"/> OTHER				

PAYMENT Bill Us Collect from borrower Other _____

Fee Quoted: _____ Please refer to Fee Schedule at <http://www.websterappraisalgroup.com>

SUBJECT	Borrower:	Owner (if different):
Address: _____	_____	_____
_____	_____	_____
Phone #(s): _____	_____	_____

(IF PURCHASE) Sale Price: \$ _____ Loan Amount: \$ _____

Contract of Sale: Attached Will Follow COE Date: _____

(IF REFINANCE) Estimated Value: \$ _____ Loan Amount: \$ _____

CONTACT FOR ENTRY Name: _____

Phone #(s): _____

Owner Borrower Listing Agent Sales Agent

Vacant/On Lock-Box (enter at will) Builder/Sales Office

Occupied/On Lock-Box Other _____

INSTRUCTIONS (DELIVERY, ETC.): _____