



1 Centerpointe Dr. , #330 LaPalma, CA. 90623 / Phone: [\(714\) 367-5125](tel:7143675125)

Appraisal Review Order Sheet

Date:	by:	Email:
Company Name:		
Tel:	Fax:	

Subject Property

Subject Address:	Lender Loan #	(required):
Subject City	State:	Zip:
County:		
Loan Type: Refinance /Purchase	Product: Desk Review (\$225.00)	☐
Conventional ☐ or FHA ☐	Field review(\$385- \$585)	☐
FHA Case Number _____ (required for all FHA)		

Borrower/Contact Information

Borrower's Name:		
Contact Number:	Cell:	Home:
Agent Name:		
Contact Number:	E-Mail:	Home:

Payments /Credit Card Authorization

Company Name:			
Borrower's Name:			
Subject Address:			
City, State, Zip:			
Type of Card:	VISA	MASTER CARD	DISCOVER
Name on Credit Card Account:			
Credit Card Statement Billing Address:	Same as subject		
City, State, Zip:			
Credit Card No:			
Expiration Date:	Month:	Year:	Code:

ONE-TIME PAYMENT, RECURRING or OUT STANDING BALANCE ON ORDER PAYMENTS Please process transaction(s) on the above selected credit card in the amount of \$ for payment toward the invoice on Appraisal Order indicated above or outstanding invoice balance. I, the Credit Card Holder as indicated above hereby authorize Express Appraisal Management Corp. to charge my account as set forth herein. This authorization will remain in effect until I provide thirty (30) days written notice, or until withdrawn by Express Appraisal Management Corp.

Signature of Credit Card Holder

Print Name of Credit Card Holder

Date