



15030 La Mirada Blvd. La Mirada, CA 90638 Phone: 714-367-5125 Fax: 714-727-0151

Please select one:

- ☐ Express AMC ☐ Valu8tor ☐ Streetlinks (required for all multifamily homes) ☐ VEROS (Required for all Jumbos)
☐ QwikTurn

Appraisal Order Sheet

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

Subject Property

Subject Address:		
Subject City	State:	Zip:
County:		
Loan Type: Refinance /Purchase	Occupancy: Owner Occupied	
Conventional <input type="checkbox"/> or FHA <input type="checkbox"/>		
FHA Case Number _____ (required for all FHA)		

Borrower/Contact Information

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

Intent to Proceed

Intent to Proceed date (*cannot be after order date*) : _____

Payments /Credit Card Authorization

Company Name:			
Borrower's Name:			
Address:			
City, State, Zip:			
Type of Card:	VISA	MASTER CARD	DISCOVER
Name on Credit Card Account:			
Credit Card Statement Billing Address: Same as above			
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 Pacific Bay Lending Group 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 This authorization will remain in effect until I provide thirty (30) days written notice, or until withdrawn by Pacific Bay lending Group.

Signature of Credit Card Holder

Print Name of Credit Card Holder

Date