



ALLIED REAL ESTATE APPRAISAL SERVICES

INSPECTIONS, MANAGEMENT AND REVIEWS

**ORDER ONLINE: WWW.ALLIEDAPPRAISALSERVICE.NET
DOM@ALLIEDAPPRAISALSERVICE.NET**

TEL: 631-592-9000
EFAX: 718-228-9815

Date Ordered: _____ Ordered By: _____

Client/Lender: _____ Branch: _____

Lender phone#: _____

Subject Property Address: _____

Purchaser/Borrower: _____

Home#: _____

Work #: _____

Contact: Name _____ Ph# _____

Appraisal Requested: Full Drive-By 2nd Appraisal
Property Type: Residential Coop Condo
No. Of Families: _____ No. Of Bedrooms _____

(Circle one) Refinance Purchase
Loan Type: (Circle one) FHA Conventional
Sales Price: _____ Loan Amount: _____

Credit Card Authorization:

I hereby authorize ALLIED REAL ESTATE APPRAISAL SERVICE to charge my credit card \$_____ for the management of appraisal services rendered. I acknowledge that the fee for this service is not contingent on the appraisers' opinion of value.

I also affirm that the fee for this service is non-refundable.

Signature _____

Credit card info:

Name _____

Billing address _____

Credit Card # _____ Expires _____

Security Code _____ Billing Zip code _____