

The California Appraisal Group

Tel: 619-261-3617

Fax: 619-330-2138

P.O. Box 3309

San Diego, CA 92163

cag425@yahoo.com

www.thecaliforniaappraisalgroup.com

Appraisal Order Form

(please print & Fax back)

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ordered By: _____ Tel#: _____

Refinance: _____ Purchase: _____ COD: _____ Bill _____

Conventional: _____ FHA: _____

Borrowers/Owners Name: _____

Subject Property Address: _____

City: _____ State: _____ Zip: _____

Owner Occupied: _____ Rental: _____ Rent: \$ _____

Contact Name (e.g. Borrower, Owner, Agent): _____

Contact#: Home: _____ Work: _____

Estimated Value: \$ _____ Purchase Price: \$ _____

Loan Amount: \$ _____ LTV: _____

Comments: _____
