

Michael E. Brown & Associates
Appraisal Request Contract

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For Office Use Only:

Received: _____

Due Date: _____

Fee \$: _____

Date: _____

Name: _____

Process Order: _____

Company: _____

C.O.D.:

Email Address: _____

Phone #: _____

Appraisal Type: _____

Fax #: _____

Interior Inspection:

Property Address: _____

City: _____ County: _____ ZipCode: _____

Borrower's Name: _____ Contact Person: _____

Phone #: _____ Second Phone #: _____

Second Person to Contact for Access: _____ Phone #: _____

Refinance: _____ Purchase: _____ **FAX PURCHASE AGREEMENT**

SALE PRICE \$: _____ COMBINED LOAN AMOUNT \$: _____

Escrow Number: _____ Phone # of Escrow Office: _____

DO NOT REQUEST OR SITE ANY REFERENCE TO VALUE

Please complete all the above information in full so that we may better serve your needs. We will fax you a confirmation of this order by the end of the business day. If you do not receive our fax confirmation, we are sorry for not receiving your order.

THANK YOU FOR YOUR BUSINESS and PATIENCE