



To expedite your order, please use this form and fill out all sections completely

| Reference Information | | |
|-----------------------|--------------|--|
| Loan Number: | Case Number: | Date Needed: |
| Appraiser Requested: | | <input type="checkbox"/> RUSH ORDER |
| Referred by: | | Payment Method: <input type="checkbox"/> COD <input type="checkbox"/> Bill |

| Client Information | | |
|--------------------|--------|---------------------------|
| Client Name: | | Accounts Payable Contact: |
| Address: | | |
| City: | State: | ZIP: |
| Phone Number: | | Fax Number: |
| Ordered By: | | E-Mail Address: |

| Borrower Information | | |
|----------------------|--------|------|
| Name: | | |
| Property Address: | | |
| City: | State: | ZIP: |

| Assignment Information | | | |
|--|--|---|--|
| Property Type: | <input type="checkbox"/> SFR | <input type="checkbox"/> Condo/ Town Home | <input type="checkbox"/> 2- 4 Unit |
| <input type="checkbox"/> FHA | <input type="checkbox"/> 2055 (Interior) | <input type="checkbox"/> 2075 | <input type="checkbox"/> 1007- Rental Analysis |
| <input type="checkbox"/> Full | <input type="checkbox"/> 2055 (Exterior) | <input type="checkbox"/> ROV | <input type="checkbox"/> 216- Operating Income |
| <input type="checkbox"/> 704B Drive-by | <input type="checkbox"/> 2070 | <input type="checkbox"/> Multi- Unit | <input type="checkbox"/> Other |
| FHA <input type="checkbox"/> Yes <input type="checkbox"/> No FHA Case Number: | | | |
| Lender you are using: | | | |
| Flagstar Downey Savings ALS Washington Mutual Option One Other: | | | |

| <input type="checkbox"/> CHECK HERE FOR COMP SEARCH | Contact for Inspection of the Property |
|---|--|
| Sale Price: | Name: |
| Estimated Value: | Home Phone: |
| Loan Amount: | Work Phone: |
| Purpose of Loan: | Other Phone: |

Special Instructions:

(Signature) _____ (Date) ____/____/____

I authorize Shadden Appraisal Group to perform the above mentioned appraisal.

TERMS: If any portion of the compensation or cost due to Shadden Appraisal Group becomes delinquent, the client will pay interest thereon at a rate of 10% per annum on said account 60 days from the due date until paid, and further agrees to pay all costs of collection thereof, including reasonable attorney's fees, court costs, etc. Appraisal fee is due within 30 days of completion date. We accept Cash, Certified Check, MasterCard or Visa.