



7390 Lincoln Way. Garden Grove, CA 92841/ Phone: [\(714\) 367-5125](tel:7143675125)

Appraisal Review Order Sheet

☐ Express AMC ☐ Valu8tor ☐ Streetlinks ☐ VEROS ☐ QwikTurn

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

Subject Property

Subject Address: _____ Lender Loan # **(required):** _____
Subject City _____ State: _____ Zip: _____
County: _____
Loan Type: Refinance /Purchase **Product: Desk Review (\$225.00)** ☐
Field review(\$385- \$585) ☐
Conventional ☐ or FHA ☐ **BPO report(\$175- \$200)** ☐
CDA Report(\$150) ☐
Transfer Appraisal AVM (\$50) ☐

Borrower/Contact Information

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

Payments /Credit Card Authorization

Company Name: _____
Borrower's Name: _____
Subject Address: _____
City, State, Zip: _____
Type of Card: ☐ VISA ☐ MASTER CARD ☐ DISCOVER
Name on Credit Card Account: _____
Credit Card Statement Billing Address: Same as subject
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 Express Appraisal Management Corp. 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 This authorization will remain in effect until I provide thirty (30) days written notice, or until withdrawn by Express Appraisal Management Corp.

Signature of Credit Card Holder

Print Name of Credit Card Holder

Date