GOTHAM VALUATION

APPRAISAL ORDER FORM

CLIENT INFORMATION

Client _____ Date Ordered _____

Acct. Exec./Processor _____

Phone _____ Email _____

Address _____

_____

ASSIGNMENT INFORMATION

Applicant Name_____

Property Address _____

Client File/Reference Number _____

Property Type (circle one): Condo Coop Single Family 2-4 Family Other

Appraisal Form Type (if known)_____

Transaction Type (circle one): Purchase Re-finance Trust-Estate Legal Other

If purchase, Contract Price _____

Contact for Access _____

Contact Phone _____ Alt. # _____

Appraisal Due Date_____

Deliver Report To _____

METHOD OF PAYMENT

Pick-up-at-door___ Bill Client ___ Credit Card ___ Personal Check __

Card Type_____ Name on Card _____

Card Number _____ Expiration Date _____