



Accurate - On Time - Every Time

Appraisal Order Form

Today's Date: _____

Desired Due Date: _____

Client Information

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State/Zip _____

Telephone: _____ Fax: _____

Email Address: _____

Property Information

Address: _____

City: _____ Zip Code _____

Borrowers: _____

Telephone: _____

Contacts Name: _____

Telephone: _____

Transaction Type: Refinance Sale Other

Property Type: SFR Condo Townhome

Manufactured* Multi-Unit Other

* **Manufactured Homes:** Park Name: _____

Decal Number: _____

Sale Price: \$ _____

Billing Information

Payment Method: COD BILL

Billing is for customers with an established credit history with M&C Appraisals

Person responsible for bill: _____

Telephone: _____

Lender: _____

Fax to: 408-677-3971

Phone: 866-585-9335

Email: info@mcappraisals.net