

GILLIAM APPRAISAL SERVICES - ORDER FORM

FAX TO 207-634-2611

DATE _____

CLIENT NAME _____ CONTACT NAME _____

CLIENT ADDRESS _____

CITY _____ ST _____ ZIP _____

PH _____ FX _____ E-MAIL _____

SECONDARY CLIENT NAME _____

SECONDARY CLIENT ADDRESS _____

CITY _____ ST _____ ZIP _____

PAYMENT (please circle)

COD

APPV. ACCT.

OTHER

Payments marked 'other' must be approved.

FEE QUOTED _____ UNQUOTED FEES NEED APPROVAL

SUBJECT INFORMATION

BORROWER _____

FIRST

LAST

CHECK IF ENTRY CONTACT ALSO

CONTACT IF OTHER _____ PH. _____

ADDRESS OF PROPERTY _____

CITY _____ ST _____ ZIP _____

PURPOSE OF APPRAISAL

SALES MUST BE ACCOMPANIED BY SALES AGREEMENT & DISCLOSURE

SALES PRICE _____ / SALES DATE _____

REPORT TYPE

URAR-1004

2055-INT

2055-EX

MULTI-1025

IF NONE IS CIRCLED, 1004 IS ASSUMED

SPECIAL CONSIDERATIONS: PLEASE LIST ANY PAGES, FILE NUMBERS, EXTRA PHOTOS, FLOOD PLAIN DETERMINATION, SKETCH DETAILS OR ANY OTHER CONSIDERATIONS TO BE INCLUDED. ANY SPECIAL PAGES OR CONSIDERATIONS FOUND AFTER COMPLETION OF REPORT MAY LEAD TO ADDITIONAL FEES. ORDER IS SUBJECT TO CREDIT AGREEMENT FOUND AT:

<http://www.gilliamappraisal.com/credit.pdf>
