



Client Information

**Complete and Fax back to us at
1800-VSW-INC1**

Date Ordered _____

Contact Person/Loan Officer _____

Company _____

Address _____ City _____

State _____ Zip Code _____

Phone Number _____ Fax # _____

Email Address _____

Property Information

Borrower _____

Property Address _____

City _____ Zip Code _____

- Property Type
- Apartment
 - Office
 - Industrial
- Retail
 - Mixed Use
 - Land

Other: _____

Purpose of the Appraisal

- Sale Sale Price \$ _____
- Refinance Estimated Value \$ _____
- Loan Amount _____ LTV _____ %
- Other _____

Property Access Information

Contact Person	Work Phone	Cell Phone

Special Instructions / Comments

