

Dufala Appraisal Services, LLC
1201 S. Highland Ave, Suite 10
Clearwater, FL 33756
Phone (727) 683-0654
Fax (727) 683-0657

APPRAISAL ORDER FORM

Company Requesting: _____

Company Address: _____

Business Phone: _____

Contact Person at Your Office: _____

PROPERTY TO BE APPRAISED

Address: _____

Owner's Estimate of Value: \$ _____ Purchase Price: \$ _____

(Please include Contract)

Name of Borrower(s): _____

Contact for Access: _____ Phone: _____

Collect at Door: _____ See Page 2 Collect at Closing: _____ See Page 2

Loan Information

Refinance: _____ Purchase: _____ **Please fax contract to 727-683-0657**

Comments:

Collect at the Door

By signing this form, the person/company requesting this appraisal will not be responsible for payment of this appraisal. The appraisal will NOT be released to the requesting Loan Officer/Company until payment is received.

Collect at Closing

By signing this you are fully responsible for payment of this appraisal at closing. In the event that this transaction does not close, the requesting company will be responsible for payment of the appraisal. **This must be signed by a Director of the company. (example, CEO, President, Owner) NOT A LOAN OFFICER**

Signed

Date

Printed Name

Title (**Owner or Director**)

Property Address