

Worden Valuation Services

Real Estate Appraisers

451 N. York Road, Elmhurst, IL 60126

Phone: 630. 833.2005

Fax: 866.808.9915

Commercial Appraisal Order Form

Lender: _____ Order Date: _____ Person Ordering: _____

Lender Address _____ Phone: _____ Fax: _____

Loan Officer: _____ (Ext. _____) Secondary Lender: _____
(If applicable)

E-Mail address: _____

FEE: \$ _____ *All appraisal fees are to be paid at time of inspection**

*** Please call for quote on properties before faxing order. Fees and methods of payment must be completed at time of order for no confusion regarding appraisal fee. All COD's must be paid in FULL at time of inspection in form of Certified Check, Money Order, or Cash.**

Subject Property Information

Borrower: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

If Contact for Access is other Than Borrower: _____

Phone: (_____) _____ Additional Phone: (_____) _____

_____Apartment Building (____ # Units) _____Mixed-Use (Unit Breakdown - ____ # Apart. ____ # Comm.)

_____Commercial (Retail Store, Office, Restaurant, Etc) _____Industrial _____Other

Report Types

Narrative Reports: _____Summary _____Restricted _____Self-Contained _____71-B (form)

Additional Requirements: _____Insurable (Replacement) Cost Valuation _____Rush Delivery

Brief Property Description _____

Purpose For Appraisal _____

Sale Price: \$ _____ Loan Amount: \$ _____

If not a sale estimate of value: \$ _____

Additional Comments: _____