



RYAN LAMB/ANDREW AUSTIN/ EVAN CAMPBELL
4800 GOLDEN FOOTHILL PKWY #120
EL DORADO HILLS, CA 95762
916-939-4136 OFFICE
916-939-4137 FAX

****PLEASE FAX BACK TO 916-939-4137 ASAP. REPORT CAN NOT BE RETURNED WITHOUT THIS SIGNED FORM.****

DATE

An appraisal has been requested at: _____
Address

City, State, Zip

Borrower

The appraisal fee is: \$ _____

Ordered By: _____ X _____
Please sign here

I agree that the payment for the above appraisal request will be paid within the 30 days of receiving the appraisal assignment. **Even if the loan does not close the appraisal payment is still due by the due date.** If payment is not received by the due date there will be a Late Fee of \$25.00 added to the invoiced amount. If payment is not received after 90 days the invoice is subject to collections.

Payment for appraisal will be paid through escrow: _____

Escrow will close in ____ days, therefore you should receive payment.

by _____

Just an FYI if payment for appraisal request is COD and a check is not collected from the borrower at the time of inspection the appraisal will not be typed up until arrangements have been made to collect payment. Every borrower that pays for an appraisal COD is given a receipt which indicates that if the check is returned then there is a \$25.00 fee added to the appraisal fee and must be paid by cash or money order.

Thank you
Debra White
Office Manager