

FAST FAX ORDERS!

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Order Information

Date of Request: _____ Target Due Date (M/D/Y): _____

Company Name: _____ Branch: _____ Broker (Y/N): _____

Person Ordering: _____

Processor: _____ Loan Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ FAX: _____

E-Mail Address: _____

Loan Type: FHA:___ Conv.:___ Proposed:___ Investment:___ Home Equity:___

Modifier: Final___ CMA/Value Check___ Recertification___

Form Type: Full/URAR___ 2055 Ext Only___ 1073 Condo Interior___ 1075 Condo Exterior___

Multi-Family___ 1004D Manufactured___ Land___ Other: _____

Delivery Method: Delivery E-Mail Address: _____

[HVCC NOTE: Brokers, please use the lender/investor e-mail address.]

Collect Fee From Borrower (Y/N): _____

Property Information

Subject Address: _____ County: _____

City/State/Zip: _____ Owner: _____

Sales Price \$: _____ / **Non-HVCC Orders Only:** Refi Value \$: _____ Loan Amt \$: _____

Borrower Information

Borrower Name: _____ Home #: _____ Wk #: _____

Access to Property: ___ Agent ___ Owner ___ Tenant ___ Lockbox

Contact Name: _____ Phone #: _____ Other #: _____

Builder: _____ Plans Avail? Yes ___ No ___

Comments: _____