

ORDER ONLINE AT <u>WWW.MCKINNONAPPRAISALS.COM</u>

DATE APPRAISAL NEEDEI	D:	FHA CASE#	
DATE ORDERED:	LOAN/PO#		
COMPANY:	BRANCH ADDRE	SS:	
REQUESTED BY:			
PHONE NUMBER:	FAX:	CELL:	
EMAIL ADDRESS:			
PAYMENT TERMS:	C.O.D		
time of receipt. With exception to estable for acceptance of payment at close of esceplease contact our Credit / Accounting Cappraisal order acknowledge responsibility	ished accounts, arrangements may or payment out of general for payment of general for the services of these services		
		ONDO, MULTI-FAMILY, MOBILE	
PROPERTY ADDRESS:			
CITY:		, AZ ZIP CODE:	
HM PHONE:	HER #:	HIS #:	
LEGAL DESCRIPTION:			
		LOAN AMOUNT:	
SALE PRICE:	LO	LOAN AMOUNT:	
REALTOR NAME:		PHONE #	
BUILDER'S NAME:		PHONE #	
TITLE COMPANY NAME: _		PHONE #	
ESCROW OFFICER NAME:		ESCROW #	

IF SALE PLEASE ATTACH A PURCHASE CONTRACT
THANK YOU FOR YOUR BUSINESS