PARTNERS APPRAISAL GROUP, INC.

Residential Real Estate Appraisers Phone (732) 223-3373 Fax (732) 223-3375 2679 Route 70, Suite G, Manasquan, NJ 08736

WE COVER ALL OF NEW JERSEY

Appraisal Engagement Letter Please prepare an appraisal on the following property, conforming to the guidelines of the Uniform Standards of Professional Appraisal Practice (USPAP). **COMPANY INFORMATION** Company Name: ______ Date: ____/____ Time: ____ AM/PM Company Address: _____Phone: _____ Your Name: Loan Officer Name: E-mail Appraisal To:_____ Does Lender Have Approved List? (Yes/No/Unkn) If Yes, Lender's Name:_____ Does Lender Allow Trainees? (Yes/No/Unkn) If Yes, Does Supervisor Need to Sign as Present At Inspection? (Yes/No/Unkn) PROPERTY AND BORROWER INFORMATION Borrower Name: _____Borrower Phone # for COD: _____ Access Contact: _____ Access Phone #:____ Property Street Number: ____Street Name: ____ City: _____ County: ____ State: ___ Zip:____ Loan Purpose (circle one): Refinance Purchase Equity
Sale Price: _____ Or Estimated Value: _____ Mortgage Amount:_____ Special Instructions: ORDER INFORMATION **Loan Type**: (circle one) FHAConventional Investment Prop. Property Type: (circle one) Single Family Condo Multi__#Units PUDNew Construction Manuf Home Co-Op Vacant Land Lease Hold Ownership Form/Job Type: (circle one) 1 Family Full (1004) 2-4 Fam Full (1025) 1 Family FHA 2-4 Family FHA 2055: Exterior Only Rent Survey(1007)/OIS(216) Cert of Comp(1004D) FHA Final Insp Recert of Value(ROV) Desk Review Field Review Comp Search RUSH(2 Day Turn) add\$100 SUPER RUSH(1 Day Turn)add\$200 **Rush Order**:(circle one) Other: PAYMENT INFORMATION Billing Information (check one): Collect payment from Borrower: ____ or Invoice You:____ We prefer COD payment when possible. We will arrange payment with your borrower if COD is desired. We accept all major credit cards, cash, or money order payments. If we are directed to invoice you and/or your company, you will be held responsible for payment. Late fees are issued on all invoices over 60 days old. Fee schedule available on-line or by request. Fees may be charged for cancellation of this appraisal order. Person Ordering Appraisal Please Sign Here: (I agree to the terms stated above) **Credit Card Information (Required if paying with a credit card)** Credit Card Type (circle one): Visa MasterCard American Express Name as it appears on the card: Credit Card Number: Credit Card Billing Address: Credit Card Expiration Date: I authorize Partners Appraisal Group, Inc. to charge above credit card the entire appraisal fee for services rendered. Services are non-refundable. Fees may be charged for cancellation of this appraisal order.

THANK YOU FOR YOUR BUSINESS

Date: / /

Signature for Credit Card: