

West Michigan Appraisal Service, Inc.

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ORDER FORM

General Information

Loan Type: _____ Appraisal Form Type: _____

Client File No: _____ Property Type: _____

Property Information

Address: _____

City: _____ County: _____ St: _____ Zip: _____

Sale Price: _____ Refinance: _____ Loan Amount: _____ Date of Sale: _____

Rooms: _____ Bedrooms: _____ Baths: _____ Estimated Market Value: _____

Borrower Information

First: _____ Last: _____ Owner: _____

Lender Client /Mortgage Co./Bank Information

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ E-mail: _____

Bill-to Client Information

Same as Above: Yes _____ No _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ E-mail: _____

COD: Yes _____ No _____

Primary Contact Information

Primary Contact: _____ Home Phone: _____

Best Time to Call: _____ Work Phone: _____ Cell: _____

Special Instructions