



SoCAL DIRECT .COM
 APPRAISALS - TERMITES - NOTARY - SANITIZING
 HOME INSPECTION - WARRANTY - REOCLEANUP

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 PHONE/FAX : 888-SOCAL45
 888-762-2545

ORDER FORM

(888) SoCAL-45 • (888) 762-2545

(FOR PURCHASES PLEASE INCLUDE PURCHASE CONTRACT)

LOAN INFORMATION							
LENDER NAME:					LENDER LOAN#:		
LENDER CONTACT:			PHONE#:		EMAIL:		
BROKER INFORMATION							
BROKER COMPANY NAME:					PHONE#:		
BROKER CONTACT:					EMAIL:		
BORROWER INFORMATION							
BORROWER NAME:				CO BORROWER NAME:			
HOME#:		CELL#:		HOME#:		CELL#:	
CURRENT ADDRESS:				CITY:		STATE:	ZIP:
PROPERTY TO BE APPRAISED / INSPECTED							
<input type="checkbox"/> SAME AS ABOVE							
ADDRESS:				CITY:		STATE:	ZIP:
ACCESS NAME:				PHONE#:			
<input type="checkbox"/> SFR	<input type="checkbox"/> CONDO	<input type="checkbox"/> 2-UNIT	<input type="checkbox"/> 3-UNIT	<input type="checkbox"/> 4-UNIT	<input type="checkbox"/> 5-UNIT+	<input type="checkbox"/> LAND	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> REFINANCE			<input type="checkbox"/> CONVENTIONAL			<input type="checkbox"/> VA	
<input type="checkbox"/> PURCHASE \$			<input type="checkbox"/> FHA#			<input type="checkbox"/> OTHER _____	
TYPE OF SERVICE							
<input type="checkbox"/> Sfr (1004) \$475 / FHA \$525		<input type="checkbox"/> Exterior/Drive By \$375		<input type="checkbox"/> Field Review \$375		<input type="checkbox"/> Non Metro Area Fee \$50	
<input type="checkbox"/> Condo (1073) \$475 / FHA \$525		<input type="checkbox"/> Rental Form (1007) \$75		<input type="checkbox"/> Over 1 Million \$150 (\$125 every Million after)		<input type="checkbox"/> Water/Ocean Front \$150	
<input type="checkbox"/> 2-4 Units (2055) \$675 / FHA \$700		<input type="checkbox"/> OIS Form (216) \$75		<input type="checkbox"/> Over 4000 SQ FT \$150 (\$125 every 1000 Sq Ft after)		<input type="checkbox"/> Complex Fee \$150	
<input type="checkbox"/> Final (1004D) \$150		<input type="checkbox"/> Desk Review \$275		<input type="checkbox"/> Rural Area Fee \$125		<input type="checkbox"/> Additional Trip Fee \$125	
ADDITIONAL FEES							
<input type="checkbox"/> Rush Fee \$150		<input type="checkbox"/> Manufactured / Mobile \$100		<input type="checkbox"/> New Construction Fee \$125		<input type="checkbox"/> Horse Property \$125	
<input type="checkbox"/> Guest House Fee \$50		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
PAYMENT AUTHORIZATION							
<p>I, the undersigned cardholder do hereby request, authorize and approve the use of my credit card for the purposes of paying for a Residential Real Estate Appraisal, either ordered by me or ordered on my behalf, at my request, by a financial institution as required by law, to apply for mortgage financing on the appraised property. The services rendered by So Cal Direct, will be deemed to have been received by me, the cardholder or authorized user, when the final appraisal report is delivered to the Client named in the appraisal report. I further understand that in accordance with law, appraisal assignments may never be conditional upon the final opinion of value meeting or exceeding any target range or minimum value. Furthermore, the services authorized by me to be charged to this card are not conditional upon whether or not financing is obtained from the lender placing the order for this appraisal. Accordingly, I authorize So Cal Direct, to charge my credit card in the amount as indicated above for the services of the property located at the address above. Furthermore, due to loan underwriting requirements, it may be necessary to complete additional appraisal forms (Such as Comparable Rental Schedule, Operating Income Statement, Additional Trips, Financial Inspections, Cancellations, or Complexity) in the course of this assignment. The fees for the additional forms/services range from \$50 to \$150.</p>							
CREDIT CARD NUMBER :					EXP :		3 DIGIT CODE:
<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX (USE 4 DIGIT CODE ON FRONT)				
NAME ON CARD							
MAILING ADDRESS:				CITY :		STATE :	ZIP :
<input type="checkbox"/> SAME AS ABOVE							
SIGNATURE OF CARD HOLDER _____						DATE : _____	