

APPRAISAL REQUEST FORM

Borrower's Name: _____
Subject Property Address: _____
City: _____
Zip Code _____
Type of Transaction: Purchase _____ Refinance XX _____

Contact Information for Appraisal Appointment:

Primary Contact Name: _____
Relationship to Borrower: _____
Phone Number _____
Best time to call AM _____ PM _____

Credit Card Authorization

Name on credit Card: _____
Billing Address: _____
City: _____
Zip Code: _____

Card Type: Visa _____ Mastercard _____ Amer Express _____
Credit Card Number: _____
Credit Card Identification Code on the back: _____
Credit Card Expiration: _____

I Authorize Riviera Mortgage Group and/or its associates to charge to my credit card for the appraisal report in connection with my loan application

Cardholder Signature

Date