



# Robert Greer & Associates

## **FAX ORDER FORM**

*(Please print legibly)*

*(Please provide as much information as is available)*

Date Faxed: \_\_\_\_\_

**Fax to > (209) 952-9088**

### Purpose of Appraisal:

Refinance – Price Needed\$ \_\_\_\_\_

Purchase – Price\$ \_\_\_\_\_ NRCC's \$ \_\_\_\_\_

### Lender/Client Contact Information:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Subject Property Information:

Borrower(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Type (SFR, Condo, 2-Plex, etc.) \_\_\_\_\_ Owner occupied/Income property

HOA Name: \_\_\_\_\_ Tel: \_\_\_\_\_

### Contact/Access Information:

**Primary Contact Name:** \_\_\_\_\_

Owner  Tenant  Agent  Other \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

Owner  Tenant  Agent  Other \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_

**Access Instructions:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*(Provided for alternative method of delivery-PDF file)*

Collect at Inspection (*preferred*)  (COD) \_\_\_\_\_

**Phone: (408) 712-5148**

**Fax: (209) 952-9088**

**Email: RobertGreer@SBCGlobal.net**