



All Appraisal Services, Inc

Service Area
New Jersey
New York

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COMMERCIAL APPRAISAL ORDER FORM

Client Information:

Client/Co Name: _____

Client Address: _____

Contact Name _____

Contact Phone _____ email _____

Property Information:

Property Type: ☐ Hotel/Motel ☐ Retail ☐ Office ☐ Industrial ☐ Other _____

Subject Property Address _____

City _____ Zip _____

Property Owner _____

Office _____ Cell _____ Other _____

Subject Property Description (land size, building size and current use, etc.)

Appraisal Type (if known) ☐ Complete Summary Narrative Report

☐ Limited Restricted Narrative Report

Occupant ☐ Owner ☐ Tenant ☐ Vacant

Purpose ☐ Estate Settlement ☐ Fair Market Value ☐ Refinance

☐ Internal Decision ☐ Purchase ☐ Other _____

Please Check One: ☐ payment due at the time of inspection.

☐ Client has paid Appraisal fee in advance

Note

Thank You for Your Business

Please fax this order form together with an income/expense statement