



# HTA Appraisers

1516 June Ave  
Brooksville, FL 34601  
[www.htaappraisers.com](http://www.htaappraisers.com)

Office: 352-397-2780  
Direct: 813-382-4382  
Fax: 888-508-1604

## Client Information

*Please complete or attach a business card.*

<b>Firm Name:</b>		<b>Requested By:</b>	
<b>Address:</b>		<b>Phone:</b>	
		<b>Fax:</b>	
		<b>Email:</b>	

## Order Information

<b>Fee:</b>	<b>Loan/Order #</b>	<b>File#:</b>
<b>Lender</b> (if different):		<b>Shipment Address:</b>
<b>Report Type:</b>	<input type="checkbox"/> SFR-Full <input type="checkbox"/> Condo <input type="checkbox"/> Multi <input type="checkbox"/> Other _____	<b>Loan Type:</b>
<b>Borrower's Name:</b>		<b>Purchase Price:</b> \$ _____ <b>Est. Value:</b> \$ _____
<b>Property Address</b>		<b>Contact for access:</b>
<b>City &amp; State</b>		Name: _____ Home #: _____ Work/Cell: _____
<b>R.E. Agent Name &amp; Phone</b>		<b>Lock Box:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Requested Delivery / Closing Date (not guaranteed):</b>		

*\*A signed contract must be presented with all purchase loans.*

## Payment Options

- Cash/Check at the time of Inspection       Bill - Billed orders will not be processed without guarantee signature below.

I, the undersigned, hereby guarantee prompt & punctual payment on the Property Appraisal ordered above. I also recognize that payment for this appraisal is not contingent on the value obtained or the closing of the loan for which this report is intended. Client is responsible for any and all collection costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_  
*Broker /Loan Officer*      *Please Print*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_  
*Manager*      *Please Print*

**Additional Comments:**

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