

## **BROKERS CHOICE MORTGAGE VA APPRAISAL ORDER**

BROKER INFORMATIO	DN			
Company Name:				
Contact Name:			Contact Phone:	
Contact Email:				
_OAN AND PROPERT\	/INFORMATION			
Borrower Name:	Loan Number:			
Property Address:				
City, State & Zip:				
Property Type:	SFR/PUD	Condo	☐ Multifamily	
	Existing Construction	☐ Built < One Year and	Never Occupied	
Property Entry and Co	ontact Information			
_isting Agent Name:				
_isting Agent Phone:				
Selling Agent Name:	-			
Selling Agent Phone:				
Borrower Phone # (if I	Refinance):			
Please complete this Appraisal Departmen	form and the attached Credit (		submit them to the Brokers Choice	Mortgage

Fax to 949-679-9318 or Email to appraisals@brokerschoicemtg.com or submit via U.S. mail or courier to Brokers Choice Mortgage

Attn: Appraisal Department **Brokers Choice Mortgage** 19000 MacArthur Blvd., Suite 200 Irvine, CA 92612



## BROKERS CHOICE MORTGAGE VA APPRAISAL ORDER CREDIT CARD AUTHORIZATION

## **OUR PLEDGE TO YOU**

At Brokers Choice Mortgage one of our top priorities is making sure that the personal information you share with us is protected and secure. We value our relationship and work hard to preserve your privacy. Please note that this Credit Card Authorization will only be used for the purpose of ordering the Property Appraisal used in connection with the financing of your mortgage loan.

We pledge to protect your data and safeguard it from those not authorized to see it.

To process payment for your Property Appraisal, certain information is required. Upon receipt of the required information and your authorization, we will bill the credit account provided for the amount due. The total charges will appear on your credit card statement. You may cancel this authorization prior to initiation of the Property Appraisal service by calling the Brokers Choice Mortgage office toll free at 800-760-1833. In the event you attempt to cancel this order after the service has been initiated, charges will reflect only the amount of expenses incurred by the appraisal vendor.

Please complete all sections and fields below. With your completion of this information and return of the completed and signed form to Brokers Choice Mortgage, you authorize this transaction.

## PLEASE PRINT OR TYPE Client Name Phone Number Email Address Property Address Visa or MasterCard Number CCID/CCV Digits **Expiration Date** Name Exactly as Printed on the Card Billing Street Billing City, State and Zip Code I authorize the amount of \$ to be charged to credit card above for services rendered (Property Appraisal). Cardholder Signature Date Loan Officer Name

Fax to 949-679-9318, Email to appraisals@brokerschoicemtg.com, or submit via U.S. mail or courier to Brokers Choice Mortgage at:

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