

Kordik & Associates, Inc.

Real Estate Appraisers

276 N. Addison Avenue, Elmhurst, IL 60126

Phone: (630) 279-1960

Fax: (630) 279-2904

Commercial Appraisal Order Form

Lender: _____ Order Date: _____ Person Ordering: _____

Lender Address _____ Phone: _____ Fax: _____

Loan Officer: _____ (Ext. _____) Secondary Lender: _____
(if applicable)

E-Mail address: _____

FEE: \$ _____ C O D* _____ Invoice Lender* _____ Net 30 Days

*** Please call for quote on properties before faxing order. Fees and methods of payment must be completed at time of order for no confusion regarding appraisal fee. If Invoice Lender is checked, lender guarantees payment even if loan does not close and lender is responsible for full payment within 90 days of invoice date to avoid 5% per month penalty.**

Subject Property Information

Borrower: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

If Contact for Access is other Than Borrower: _____

Phone: (_____) _____ Additional Phone: (_____) _____

_____ **Apartment Building** (____ # Units) _____ **Mixed-Use (Unit Breakdown - ____ # Apart. ____ # Comm.)**

_____ **Commercial (Retail Store, Office, Restaurant, Etc)** _____ **Industrial** _____ **Other**

Report Types

_____ 71-B (form) _____ Summary _____ Self Contained _____ Other

Additional Requirements: _____ Interior Photographs _____ Rental Comp Photos

Brief Property Description _____

Sale Price: \$ _____ Loan Amount: \$ _____

If not a sale estimate of value: \$ _____

Additional Comments: _____
