

# Comparables Are Us, Inc. - Order Form

**Instructions:** Fax the completed form to (518) 374-9806.

Name:	_____
Company:	_____
Phone:	_____
Fax:	_____
Email:	_____
Mailing Address:	_____
(Appraisal will be sent here)	_____
City:	_____
State:	_____
Zip:	_____

## Property to be Appraised

Borrower/Owner's Name:	_____		
Street Address:	_____		
City:	_____		
State:	_____		
Zip:	_____		
County:	<input type="checkbox"/> Albany	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Warren
	<input type="checkbox"/> Fulton	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Washington
	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Schenectady	
	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Schoharie	
Sales Price/Estimated Value:	_____		
Type of Property:	<input type="checkbox"/> 2-4 Unit's	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Single family
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Estate	<input type="checkbox"/> Other
	<input type="checkbox"/> Condominium	<input type="checkbox"/> Land	
Purpose of Appraisal:	<input type="checkbox"/> Divorce	<input type="checkbox"/> Property Settlement	<input type="checkbox"/> Sales contract
	<input type="checkbox"/> Estate Settlement	<input type="checkbox"/> Refinance	<input type="checkbox"/> Other
	<input type="checkbox"/> Help Set Sales Price	<input type="checkbox"/> Relocation	
	<input type="checkbox"/> PMI Removal	<input type="checkbox"/> REO/Foreclosure	
Format Needed:	<input type="checkbox"/> Desk Review	<input type="checkbox"/> Field Review	<input type="checkbox"/> Relocation
	<input type="checkbox"/> Drive By Appraisal	<input type="checkbox"/> Full Appraisal	<input type="checkbox"/> Other
Property Contact Person:	_____		
Phone:	Day: _____	Evening: _____	
Special Instructions/Comments:	_____		