



VA Appraisal Order Form

Broker Information

Broker Company Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Loan #: _____ Last Name: _____

Property Address: _____

City/State/Zip: _____

Property Type

- SFR/PUD
- Condo
- Multi-Family
- Existing Construction
- Built less than one year and never occupied

Property Entry and Contact Information

Listing Agent Name/Phone: _____

Selling Agent Name/Phone: _____

Borrower Phone Number (Refinance): _____

Please complete the attached Credit Card Authorization Form and send the completed form to the Appraisal Department.

Email this form to appraisals@stgmortgage.com.

STG Mortgage Inc
2401 East Katella Ave
Suite 550
Anaheim, CA 92806



CREDIT CARD AUTHORIZATION FORM
OUR PLEDGE TO YOU

At STG Mortgage Inc, one of our top priorities is making sure that the information we have about you is protected and secure. We value our relationship and work hard to preserve your privacy. Please note that the Credit Card Authorization Form will only be used for the purposes of ordering the Appraisal Report used in connection with the financing of your residential property.

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

To process payment for your appraisal product order we need certain information. Upon authorization, we will bill the credit card for the amount due. Your total charges will appear on your credit card statement. You may cancel this authorization prior to the initiation of the service by calling us at 949-558-0429. In the event you cancel this order after the service has been initiated, charges will reflect only the amount of expenses incurred by our appraisal vendor.

Please complete all sections below.

Client Name: _____

Phone #: _____ Email Address: _____

PLEASE PRINT

Address of property to be appraised: _____

Visa or Master Card Number : _____

Expiration Date: _____ CCV Number (3 digits back of card) _____

Exact Name on Card: _____

Billing Street Address: _____

Billing City: _____ State: _____ Zip Code: _____

I authorize to bill the above card \$ _____ for services rendered
(appraisal of property)

Card Holder Signature: _____ Date: _____

Loan Officer Name: _____

This form must be emailed to or mailed to: appraisals@stgmortgage.com.

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