



www.rhlappraisals.com

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RHL APPRAISALS NEW CLIENT INITIAL CONTACT FORM

DATE: ____/____/____

TIME: ____:____ AM PM

FIRST NAME: _____

LAST NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

COMPANY INFORMATION

COMPANY NAME: _____

COMPANY TYPE: BANK MORTGAGE TITLE

COMPANY ADDRESS: _____

CITY: _____ STATE: _____

COUNTY: _____ ZIP CODE: _____

COMPANY PHONE #: _____

COMPANY FAX #: _____

EMAIL: _____

WEBSITE: _____

HOW DID YOU HEAR ABOUT US? _____

APPRAISAL TYPE? SINGLE FAM MULTI CONDO

HOW WILL YOU PAY FOR REPORT? COD C/C

QUOTED FEE:\$ _____

QUOTED TURNAROUND TIME: _____

QUOTED DUE DATE: _____