## **Order Form**



	<u> </u>	SPECIAL INSTRUCTIONS	<u> </u>		
	Applicant Name(s)  Subject Removal Date			Contact for Access (Name & Phone #s)  Payment Instructions	
ental Estimate					
Reference #			Contact		
Туре	Purpose	Address of Property to b	oe Appraised	Purchase Price / Estimated Value	
Contact Name:					
EMail:					
Phone:					
Postal Code:					
Province:					
Address:					
Company:					
Lender	Same as Above				
Contact Name:					
EMail:					
Phone:				www.icemore.com	
Postal Code:				EMail: info@leemore.com www.leemore.com	
Province:				V3E 3J7 Phone: 604-671-4535 Fax: 604-944-7008	
Address:				Coquitlam, British Columbia Canada	
Company:			PO Box 117	LEEMORE & ASSOCIATES B3 - 1410 Parkway Boulevard	
Ordered By					
Date:					
Г				& CONSULTANTS LTD.	

## **Payment**

()	Cash, Cashiers	Cheque or	Money	Order
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Credit Card

Mastercard

**○** Visa

Signature:

Card Number:

Expiration Date:

Card Verification #:

Cardholder Name:

This charge will appear on the cardholders credit card statement as "Leemore & Associates". Many applicants are not aware of the company that performs their appraisal and it is important that they recognize this charge. Our concern is that with so much identity theft, people will be reviewing their credit card statements with more scrutiny. Our company is accepting payment by credit card as a convenience to our clients, however, our preference is always to have the broker/lender pay us for the appraisal and be reimbursed by their client at closing. If, however, the charge is reversed at a later date by the applicant, it is our policy to then reissue the invoice directly to the lender/broker for payment of the full amount along with an additional service charge.