



CONVENTIONAL/FHA APPRAISAL ORDER & CREDIT CARD PAYMENT AUTHORIZATION

Borrower(s) _____ Loan # _____

Subject _____

Property _____

Loan Type Conventional FHA **Occupancy** Primary Residence 2nd Home Investment Property

Property Type Single Family Residence Condo/PUD 2-4 Units _____ (# of Units, if applicable)

CONTACT FOR APPOINTMENT TO EVALUATE PROPERTY

PARTY ROLE/TITLE	PARTY NAME	PARTY PHONE/EMAIL
Borrower (for Refinance only)		
Listing Agent		
Selling Agent		

CREDIT CARD AUTHORIZATION

Our pledge to you: At LendingPROS, one of our top priorities is ensuring that information we obtain about you is protected and secure. We value our relationship with you and work hard to preserve your privacy. This Credit Card Payment Authorization will only be used for the purpose of ordering an Appraisal Report used in connection with the financing of residential property you wish to purchase or refinance. We pledge to protect your data and safeguard it from those who are not authorized to see it.

To process payment for your appraisal product we need certain information, as requested below. Upon authorization, we will bill the credit card provided for the amount due. Total charges will appear on the credit card statement. This authorization may be canceled any time prior to the time the service is initiated by calling LendingPROS toll free at (800) 760-1833. In the event a cancellation request is received after the service has been initiated, charges reflecting the amount of expenses incurred by the appraisal vendor will be made.

Please thoroughly complete all fields below.

Cardholder Name _____ (exactly as it appears on the credit card)

Phone Number _____ Email Address _____

MasterCard or Visa 16-Digit # _____

Credit Card Expiration Date _____ CCID (3-digit code on back) _____

Cardholder Billing Address _____

Billing City, State & Zip Code _____

Mortgage Loan Originator _____

I authorize OCMBC, Inc., dba LendingPROS, to charge the above credit/debit card for _____ \$ services rendered (appraisal of the Subject Property noted above).

Cardholder Signature _____ Date _____

Upon completion, fax (949-679-9318), email (appraisals@golendingpros.com), or mail this form to the Appraisal Department:

Attn: Appraisal Department
LendingPROS
19000 MacArthur Blvd., Suite 200
Irvine, CA 92612

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