



# VA APPRAISAL ORDER & CREDIT CARD PAYMENT AUTHORIZATION

Broker Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Veteran Last Name \_\_\_\_\_ Loan Number \_\_\_\_\_

Property Type  SFR/PUD  Condo  Multifamily  
 Existing Construction  Built less than 1 year ago, never occupied

### PROPERTY ENTRY AND CONTACT INFORMATION

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.

Client Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Address of Property to Appraise \_\_\_\_\_

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

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](mailto: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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