



APPRAISAL REQUEST FORM

Please email to Appraisals@mypcbbank.com

COMPANY NAME _____ DATE _____

REQUESTED BY _____ PHONE _____

EMAIL ADDRESS _____

LOAN# _____ PRIMARY BORROWER NAME _____

PROPERTY ADDRESS _____

PURCHASE PRICE (FOR PURCHASE TRANSACTION) \$ _____

TRANSACTION TYPE	PURCHASE		REFINANCE	
PROPERTY TYPE	SFR	PUD	CONDO	2-4 UNITS
OCCUPANCY TYPE	PRIMARY	2ND HOME	NON-OWNER	
REPORT TYPE	FULL	COMPLETION REPORT	RECERT OF VALUE	

CONTACT FOR PROPERTY ACCESS

PRIMARY CONTACT	ALTERNATIVE CONTACT
NAME:	NAME:
TEL:	TEL:
EMAIL:	EMAIL:
SPECIAL INSTRUCTIONS:	

PRODUCT	FEE	TOTAL FEES CHARGED
1-UNIT UPTO \$1MM	\$ 475.00	\$
1-UNIT OVER \$1MM	QUOTE ONLY	\$
2-4 UNITS UPTO \$1MM	\$ 700.00	\$
2-4 UNITS OVER \$1MM	QUOTE ONLY	\$
COMPARABLE RENT SCHEDULE (FORM 1007)	\$ 125.00	\$
COMPLETION REPORT (FORM 442)	\$ 125.00	\$
RECERT OF VALUE (FORM 442)	\$ 125.00	\$
ADDITIONAL TRIP FEE	QUOTE ONLY	\$
OTHER:	QUOTE ONLY	\$
OTHER:	QUOTE ONLY	\$
TOTAL		\$



CREDIT CARD AUTHORIZATION FORM

CREDIT CARD INFORMATION	
CARD TYPE:	VISA MASTERCARD
NAME ON CARD:	
CARD NUMBER:	
SECURITY CODE:	EXP. DATE (MM/YY):
BILLING ADDRESS:	
PHONE#:	CHARGE AMOUNT: \$

PLEASE NOTE:

*PCB Bank accepts Visa or Mastercard only. American Express and Discover Card are not accepted.

***CITIBANK CARDS WILL BE CHARGED AS "CASH ADVANCE" INSTEAD OF CREDIT.**

***CHARGEBACKS WILL BE SUBJECT TO ADDITIONAL \$25.00 FEE PER OCCURRENCE.**

I hereby authorize the above credit card account to be charged for services which I have requested from PCB Bank and affirm my obligations under the card member agreement. I agree that I will pay for such services requested and indemnify and hold PCB Bank harmless against any liability pursuant to this authorization.

CARDHOLDER SIGNATURE _____ DATE _____