



Appraisal & Consulting Group Inc.

Gateway Appraisal & Consulting Group Inc.
1263 Nanaimo Street
Vancouver, British Columbia V5L 4T5
TEL: 604-677-1188 FAX: 604-677-1189

Date

To client/lender

Attn

File no

I, _____ (cardholder name), hereby authorize Gateway Appraisal & Consulting Group Inc. ("the appraiser") to process payment of \$ _____ (plus applicable 5% G.S.T.) to my VISA / Mastercard Account,

VISA / Mastercard Number

Expiry Date

Month

Year

for the completion of Appraisal Services for the following property.

Address of subject property

City

I understand that the cost of the Appraisal Report is my full responsibility, and that the said report is strictly for the sole benefit of _____ for mortgage financing purposes only. No copies of the Appraisal Report shall be issued to the cardholder through Gateway Appraisal & Consulting Group Inc. without the written authorization of _____.

Signature of cardholder

Phone number

Name of witness

Signature of witness

Once you have completed this form, please email or fax back as follows.
Please send emails to: info@gatewayappraisals.ca OR Please send faxes to: 604-216-0831
Additional documentation may be required in due course, but the above will allow us to begin.
Additional information is available on our website www.gatewayappraisals.ca. For any assistance required with filling out this form please contact 604-216-0830.