



PLEASE FAX BACK TO: 888-335-3925

CARDHOLDER'S NAME:		
BILLING ADDRESS:		
CITY, STATE:		
ZIP CODE:		
CARD NUMBER:		
CARD EXPIRATION DATE:		
CARD VERIFICATION # (CCV):	BACK:	FRONT:
AMOUNT:	\$	
FILE NUMBER:		
BORROWER'S NAME:		
PROPERTY ADDRESS:		

GENERAL SERVICE AGREEMENT

THIS AFFIDAVIT IS TO CONFIRM THAT JEDER VALUATION CONSULTANTS, INC. HAS PROVIDED ME WITH THE SERVICE REQUESTED OF THEM AND THAT I AM SATISFIED WITH SAID SERVICES. I AM AGREEING TO PAY THE APPRAISAL FEE IN FULL, REGARDLESS OF THE VALUE GIVEN TO THE PROPERTY BEING APPRAISED. I UNDERSTAND THAT THERE IS NO GUARANTEE OF VALUE FOR THE APPRAISAL. I AM ONLY PAYING FOR AN APPRAISAL AND NOT FOR ANY PREDETERMINED VALUE OR APPROVAL OF A MORTGAGE OR ANY FINANCING WHATSOEVER. BY SIGNING THIS FORM, I UNDERSTAND THAT I HAVE PAID FOR THE SERVICES THAT WERE EXPECTED OF JEDER VALUATION CONSULTANTS, INC. (WHICH ALLUDE TO THE INSPECTION OF SAID PROPERTY - AND ONLY THE INSPECTION OF SAID PROPERTY) AND PROVIDED IN FULL. ALTHOUGH I UNDERSTAND THAT IT IS MY LEGAL RIGHT TO OBTAIN A COPY OF MY APPRAISAL IF I CHOSE TO HAVE ONE, I UNDERSTAND THAT JEDER VALUATION CONSULTANTS, INC. WILL NOT PROVIDE ME WITH THE COPY, AND THAT I AM TO OBTAIN IT FROM MY LENDER. JEDER VALUATION CONSULTANTS, INC. WILL NOT (AND IS NOT OBLIGATED TO) PROVIDE ME WITH A COMPLETED COPY OF MY APPRAISAL AS PART OF THE SERVICES PERFORMED BY THEM AS IS PER THE ETHICS RULE OF THE *UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE*. ADDITIONALLY, I UNDERSTAND THAT MY CARD IS NOT BEING IMPRINTED, AND IN LIEU OF THE IMPRINT, I AM AUTHORIZING THIS CHARGE. I GIVE JEDER VALUATION CONSULTANTS THE AUTHORITY TO CHARGE THIS CREDIT CARD AND UNDERSTAND THAT ANOTHER FORM OF PAYMENT WILL BE EXPECTED SHOULD THIS CARD DECLINE OR FAIL TO COVER THE FEE IN FULL. JEDER VALUATION CONSULTANTS HAVE THE AUTHORITY TO CHARGE THE ABOVE CREDIT CARD AT ANY POINT AFTER THE INSPECTION DATE AT THE DISCRETION OF JEDER VALUATION CONSULTANTS.

TRIP FEE

ANY NON-APPEARANCES (WITHOUT CANCELLATION NOTIFICATION 48 HOURS PRIOR TO THE INSPECTION) WILL INCUR ADDITIONAL FEES. I UNDERSTAND THAT THIS CARD (OR ANOTHER FORM OF PAYMENT WILL BE EXPECTED IF THIS CARD DECLINES OR DOES NOT COVER THE FULL BALANCE) WILL BE CHARGED \$175 FOR EACH OCCURRENCE.

REASSIGNMENTS

RE-ASSIGNMENTS (DONE WITH PERMISSION OF THE ORIGINAL LOAN OFFICER) ARE DONE "AS-IS". ANY ADDITIONAL CHANGES WILL INCUR ADDITIONAL FEES.

PAYMENT PLAN

I GIVE JEDER VALUATION CONSULTANTS THE AUTHORITY TO CHARGE THIS CREDIT CARD (OR UNDERSTAND THAT ANOTHER FORM OF PAYMENT WILL BE EXPECTED SHOULD THIS CARD DECLINE OR FAIL TO COVER THE FEE IN FULL) IN THE EVENT THAT THE APPRAISAL FEE IS NOT COLLECTED IN FULL WITHIN 14 DAYS (OR THEREAFTER AT THE DISCRETION OF JEDER VALUATION CONSULTANTS) OF THE APPRAISAL INSPECTION. THIS CREDIT CARD IS TO COVER THE APPRAISAL FEE IN FULL FOR THE BORROWER AND ADDRESS ABOVE. PLEASE NOTE THAT THERE WILL BE NO NOTIFICATION OF THE CARD BEING CHARGED ON THE DAY THAT PAYMENT IS DUE. IT IS THE RESPONSIBILITY OF THE SIGNER TO KEEP TRACK OF THE PAYMENT DATE. I UNDERSTAND THAT THIS CARD IS TO BE CHARGED \$1.00 AS SOON AS I SIGN THIS FORM IN ORDER TO ENSURE THAT THE PAYMENT INFORMATION IS CORRECT. IF A BORROWER NAME AND/OR ADDRESS ARE NOT FILLED OUT, THIS CARD WILL BE KEPT ON FILE FOR ANY ORDER THAT IS TO BE BILLED TO THE ABOVE CARDHOLDER OR COMPANY AFFILIATED WITH THE CARDHOLDER.

PRINT: _____ DATE: _____

SIGNATURE: _____ DATE: _____