

Letter of Engagement

Promissory Note

Company Name: _____

Address: _____

City, State, Zip: _____

Phone#: _____ Fax#: _____

Date: _____

RE:

Borrower Name: _____

Address: _____

City, State, Zip: _____

Phone# _____

Appraisal Fee of: \$ _____

To:

Arete Appraisals Inc,
6212 Indiana Ave
New Port Richey, FL 34653

Please allow this letter to confirm that we are retaining you to perform an appraisal of the above referenced property at the quoted fee, billed to us. The purpose of the appraisal is: (Check all that apply)

Refinance Transaction; Purchase Transaction; Market Value; Other(explain) _____

Additional Requirements: (additional intended users or lenders, report requirements etc) (Value & Loan closure *can not* be conditions)

Title Company _____ Address _____

Closing Agent _____ Phone# _____

We, the undersigned, hereby guarantee payment of the Property Appraisal report for the borrower and address above within 10 days of the delivery of the Appraisal Report. We also recognize that payment for this appraisal is not contingent on the value obtained or the closing of the loan for which this report is intended. We also have the authority to guarantee payment for the above referenced company and if the company does not honor this agreement for whatever reason, we can be held personally responsible for payment. Payments not received within 30 days are subject to a compound 1½-% late fee per month until the entire amount due is received. Late fees, interest, collection fees, court costs and reasonable attorney's fees involved in collection under this contract will be paid by the undersigned. Checks returned by the bank will be treated as non-payment until a money order or cash is received. All information on this form is **required** and subject to verification prior to the extension of credit.

Signature: _____ Signature: _____
Broker /Loan Officer *Owner/Manager/CEO (must sign for billing)*

Name: _____ Name: _____
Please Print *Please Print*

Home Address _____ Home Address _____

City,State,Zip _____ City,State,Zip _____

Personal Phone# _____ Date: _____ Personal Phone# _____ Date: _____

DriverLic# _____ St _____ DriverLic# _____ St _____

This is an application for the extension of credit to the above referenced company & individuals, All information will be handled in compliance with the Gramm Leach Bliley Act of 1999