



Industrial Appraisals, Liquidations and Auctions

REQUEST FOR APPRAISAL

Directions

- 1. Please complete this form.
- 2. Include Asset Listing Schedule (if applicable)
- 3. Fax both to Asset Management Group at **313-499-6494**

Date: _____

Company: _____

Address1: _____

Address2: _____

City: _____ **Prov/State:** _____ **Zipcode:** _____

Country: _____

Telephone: _____ **Fax:** _____

Location of assets being appraised:

Purpose of Appraisal:

- | | | |
|--|--|---|
| <input type="checkbox"/> Equipment/Plant Valuation | <input type="checkbox"/> Merger/Buyout/Acquisition | <input type="checkbox"/> Estate Planning and Settlement |
| <input type="checkbox"/> Equipment/Plant For Sale | <input type="checkbox"/> Insurance Purposes | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> Auction/Liquidation | <input type="checkbox"/> Litigation | |

Referred By: _____