



**Associate Equity**

**REQUEST FOR SERVICES FORM  
CERTIFIED MACHINERY & EQUIPMENT APPRAISAL**

Project Name: \_\_\_\_\_

**Company Information:**

Contact Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Bank Information:**

Name of Bank: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Banker Phone: \_\_\_\_\_

Banker Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Value Requested (Please select all that may apply):

Fair Market Value, In Continued Use

Orderly Liquidation Value (Sale of Assets within 90-120 days)

Forced Liquidation Value (Auction Value)

Estimated Time Frame: \_\_\_\_\_

Please fax the completed form to: 972.751.0720, or email the completed form to: [Tex@AssociateEquity.com](mailto:Tex@AssociateEquity.com)

Thank you for your interest in our services.