



WADE
Asset Management Group

FAIR MARKET VALUATION REQUEST

Company Name:

Date:

Authorized By:

Phone #:

Equipment:

LEASE INFORMATION

Lessee Name:

DBA:

Address:

NOTES:

DOCUMENTS ATTACHED

Lease Agreement:
UCC:

Exhibit A:
Title:

Original Invoice:
Other:

TYPE OF SERVICE REQUESTED

Appraisal:
Logistics/Storage:

Involuntary Repo:
Voluntary Repo:

Urgent Repo:
End of Term:

Collection:
Inspection/FMV:

Outright Sell:
Consignment:

Donation to
Non-Profit:

Fax to: **877.884.6749**

Email to: **FMV@WadeAMG.com**

Questions Call:

940.704.8774