



APARTMENT LINES

Nationwide answering service for apartments

P.O. Box 271227 Louisville, CO. 80027
support@apartmentlines.com

Phone: 800-583-7769
Fax: 877-225-9824

Service Application & Contract

Business Name ("Customer"): _____ Contact Person: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Tax Exempt? Yes _____ No _____

Management Co ("Manager"): _____ Management Phone: _____
(if none, Customer is deemed "Manager")

of Units: _____ Date Service Will Begin: _____

Apartment Lines and Cardinal One Ventures LLC (collectively, "Provider") agrees to provide Answering Services as outlined in published rate sheet or as requested by Customer.

Customer hereby relieves Provider from any loss, delay or inaccuracy of any message or liability for any damages, expenses or any other associated cost arising from said loss, delay, or any inaccuracy as a result of any operational problem and/or act of God and beyond their control related to any service provided.

Excepting gross negligence, Provider's liability will be limited to the monthly cost of service to Customer for the month in which any claim occurs, if Provider determines that damages to the property served were due to non-performance on the part of Provider.

Invoices are due the first day of the month for which service is being billed. Invoices are mailed approximately 30 days in advance to promote timely payment. The client understands that if the account is 60 days overdue, service may be interrupted for non-payment.

Any and all information provided to Customer is solely for use by Customer, and may not be distributed to any third parties.

Excluding immediate termination for non-payment, bankruptcy or illegal business practices, this contract remains in force unless terminated by either party (Customer or Provider) by a 30 day advanced written notice. Contract remains in force regardless of change of Manager. In the event that the property or properties served under this contract is/are sold, Manager agrees to inform Provider of such sale in writing no later than 5 days after sale. Failure to do so obligates Manager for any services provided after sale date.

The undersigned represents that he/she is authorized to act as the Agent of Customer, and has the authority to execute this contract on behalf of Customer.

Signature: _____ Date: _____

As Agent for Customer and on behalf of Manager.

Accepted: Apartment Lines / Cardinal One Ventures LLC by  _____

For Office Use Only:

VM Box #: _____ VM System: _____ Options: _____

Emer.#: _____ Emer. Op. Source: _____ Comments: _____

**Please refer your partner properties to Apartment Lines:
1-800-583-7769 Fax 1-877-225-9824**

Apartment Lines Emergency Data Form

P.O. Box 271227 · Louisville, CO 80027
800-583-7769 · Fax 877-225-9824 · support@apartmentlines.com

Apartment Name: _____ Address: _____

City: _____ St: _____ Zip: _____ Phone: _____

Backline: _____ Fax: _____ # of Units: _____

Office Hours: _____ Email: _____

Contact Information

(Circle which item)

Manager: _____ Home #: _____ Beeper/Cell#: _____

Asst. Manager: _____ Home#: _____ Beeper/Cell#: _____

Maintenance: _____ Home #: _____ Beeper/Cell#: _____

Maintenance: _____ Home #: _____ Beeper/Cell#: _____

Maintenance: _____ Home #: _____ Beeper/Cell#: _____

Courtesy: _____ Home #: _____ Beeper/Cell#: _____

Courtesy: _____ Home #: _____ Beeper/Cell#: _____

Do you do Lock Outs? _____ Who to contact? _____ Lock Out Fee? _____ Must pay up front? _____

We contact you automatically for fire or flood. Check off other items you wish to be contacted about after hours:

Access Gate Failure	___	Garage Door Stuck	___	Noise Complaint	___	Sewer Backup	___
A/C Not Working	___	Gas Leak Smell	___	No Hot Water	___	Sink Stopped Up	___
Broken Door or Window	___	Heat Not Working	___	No Working Toilet	___	Stove Not Working	___
Criminal Activity	___	Icy Sidewalks	___	Pool Problems	___	Towing Requests	___
Electrical Outages	___	Laundry Room Problem	___	Refrigerator Outage	___	Water Leaking	___
Elevator Stuck	___	Medical Emergency	___	Resident Irate	___	Water Won't Shut Off	___

Any exceptions for elderly, handicapped or infant in unit? _____

Please describe the call procedure the operators should follow for the types of situations listed below (Ex. 'Call On-call Maint first, if no response in 30 min, call Manager.')

Maintenance: _____

Courtesy: _____

Call home, pager or cell numbers first? _____ Do you work on HVAC after dark? _____

Other comments or instructions? _____

Please attach any rotating on-call schedule for maintenance, courtesy patrol or management.

Fax completed form to 1-877-225-9824