

Service Application & Contract

Business Name: _____ Contact Person: _____

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

Phone: _____ Fax: _____ Email: _____

Management Co.: _____ Mgmt. Co. Phone: _____
(if none, enter owner's name)

Supervisor: _____ Supervisor Email: _____

Supervisor Phone: _____ # of Units: _____ Date Service Will Begin: _____

Apartment Lines and Cardinal One Ventures LLC (collectively, "Provider") agrees to provide Answering Services as outlined on our terms of service page at www.apartmentlines.com/service-terms – by signing this contract you agree to the terms listed there, and as amended by Provider. Provider will attempt to give Customer advanced notice of any changes to these terms.

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. Neither party to this Agreement shall be liable to the other party for consequential damages caused or related to the other's actions, breach or performance of this Agreement.

Apartment Lines has an approved script for recording your automated greeting. We recommend that it be used verbatim. If you change the text, we disclaim any resulting liability and you have assumed the risk for whatever may result.

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

Parties agree to fulfill their responsibilities as outlined in the terms of service. Failure of Customer to fulfill said responsibilities may result in immediate suspension or termination of service.

Excluding immediate termination for 1. non-payment, 2. bankruptcy or 3. 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 the party responsible for payment of services (Management). In the event that the properties served under this contract are sold, Management agrees to inform Provider of such sale in writing no later than 5 days after sale. Management agrees to be responsible for ALL outstanding payments up to and including the sale date, or the date of notifying Provider of sale, whichever is later.

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 Management.

Print Name: _____ Title: _____

Accepted: *Apartment Lines / Cardinal One Ventures LLC* by  _____

Please refer your sister properties to Apartment Lines:

Phone **1-800-583-7769** Fax **1-877-225-9824** support@apartmentlines.com

Emergency Contact Sheet

Property Name: _____ Address: _____
City: _____ St: _____ Zip: _____ Phone: _____ Fax: _____
Office Hours: _____ # of Units: _____

Contact Information

Manager: _____ Cell#: _____ Other#: _____
Asst. Manager: _____ Cell#: _____ Other#: _____
Maintenance: _____ Cell#: _____ Other#: _____
Maintenance: _____ Cell#: _____ Other#: _____
Maintenance: _____ Cell#: _____ Other#: _____
Courtesy: _____ Cell#: _____ Other#: _____
Courtesy: _____ Cell#: _____ Other#: _____
Regional Mgr: _____ Cell#: _____ Other#: _____

We dispatch automatically for fire or flood. Check off other items you want to be contacted for:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Access gate failure | <input type="checkbox"/> Garage door stuck | <input type="checkbox"/> No working toilet | <input type="checkbox"/> Stove not working |
| <input type="checkbox"/> Alarm going off | <input type="checkbox"/> Gas leak smell | <input type="checkbox"/> Noise disturbances | <input type="checkbox"/> Structural damage |
| <input type="checkbox"/> Broken door or lock | <input type="checkbox"/> No A/C | <input type="checkbox"/> Pest/wildlife control | <input type="checkbox"/> Suspicious activity |
| <input type="checkbox"/> Electrical outages | <input type="checkbox"/> No heat | <input type="checkbox"/> Refrigerator outage | <input type="checkbox"/> Towing requests |
| <input type="checkbox"/> Elevator stuck | <input type="checkbox"/> No hot water | <input type="checkbox"/> Sewer back-up | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Fire safety violation | <input type="checkbox"/> No running water | <input type="checkbox"/> Stopped up drain | <input type="checkbox"/> Water leaking |
| <input type="checkbox"/> Caller locked out: Who to contact? _____ | Lock out fee? \$ _____ | Must pay upfront? _____ | |
| <input type="checkbox"/> No A/C or Heat: Any service restrictions? _____ | | | |

Please describe the call procedure operators should follow for the types of situations listed below (Example: "Call on-call maint. 1st, if no response within 15 min., call Manager.")

Maintenance: _____

Courtesy: _____

Other instructions? _____

Please attach on-call schedules for maintenance and courtesy if applicable.

New Customer Checksheet

Property name: _____

Billing:

Billing Contact Phone: _____ Billing Contact E-mail address: _____

Email invoices to: _____

Call forwarding to Apartment Lines service*:

- I will manually forward and unforward my phone lines
- I will contact my phone company to set up automatic call forwarding
- I will program our VoIP phone system

** We will email your Apartment Lines forwarding number on your start date*

Spanish language options (Extra Cost: \$10 per month):

Provides callers with Spanish prompts; be prepared to receive Spanish voicemails

- I DO NOT want the Spanish language option
- I want the Spanish language option

Daily a.m. operator report with emergency calls (Extra Cost: \$10 per month):

- I DO NOT want a report of my emergency calls sent daily
- I want a report of my emergency calls sent daily. Please choose one delivery method below:

EMAIL the report to: _____
(multiple email addresses okay)

FAX the report to: _____

Recorded Leasing Information Option (Extra Cost: \$2 per month):

Callers can select recorded leasing & property information

- I DO NOT want recorded leasing information
- I want recorded leasing information – **Please fax or email a script for Apartment Lines to record.**

On-line account access (call records, operator recordings, account updates):

Give access to: _____ E-mail address: _____
name

Give access to: _____ E-mail address: _____
name

Voicemail Message Delivery:

Your voicemail messages are retrievable by phone for up to 7 days. Messages are also delivered to your email address(es). Please specify which email address(es) to send them to:

Email address(es): _____
(multiple email addresses okay)

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