



Nationwide answering service for apartments

support@apartmentlines.com

Fax: 877-225-9824

Phone: 800-583-7769

Service Application & Contract

Business Name: _____ Contact Person: _____

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

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

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

Supervisor: _____ Supervisor Email: _____

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

* If business is tax exempt and is located in Texas, a completed certificate of exemption must be submitted with this document to avoid sales tax.

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.

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 Management. In the event that the property or properties served under this contract is/are sold, Management agrees to inform Provider of such sale in writing no later than 5 days after sale. Failure to do so obligates Management 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 Management.

Print Name: _____ Title: _____

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

Please refer your partner properties to Apartment Lines:

Phone **1-800-583-7769**

Fax **1-877-225-9824**

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Emergency Contact Sheet

Apartment Name: _____ Address: _____
 City: _____ St: _____ Zip: _____ Phone: _____
 Backline: _____ Fax: _____ #of Units: _____
 Office Hours: _____ Email: _____

Contact Information

Manager: _____	Cell#: _____	Other#: _____
Asst. Manager: _____	Cell#: _____	Other#: _____
Maintenance: _____	Cell#: _____	Other#: _____
Maintenance: _____	Cell#: _____	Other#: _____
Maintenance: _____	Cell#: _____	Other#: _____
Courtesy Ptrl: _____	Cell#: _____	Other#: _____
Courtesy Ptrl: _____	Cell#: _____	Other#: _____

Do you do lock outs? _____ Who to contact? _____ Lock out fee? _____ Must pay upfront? _____

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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Access gate failure | <input type="checkbox"/> Elevator stuck | <input type="checkbox"/> Noise disturbances | <input type="checkbox"/> Stove not working |
| <input type="checkbox"/> A/C not working | <input type="checkbox"/> Garage door stuck | <input type="checkbox"/> No running water | <input type="checkbox"/> Structural damage |
| <input type="checkbox"/> Alarm going off | <input type="checkbox"/> Gas leak smell | <input type="checkbox"/> No working toilet | <input type="checkbox"/> Suspicious activity |
| <input type="checkbox"/> Broken door or lock | <input type="checkbox"/> Heat not working | <input type="checkbox"/> Refrigerator outage | <input type="checkbox"/> Towing requests |
| <input type="checkbox"/> Electrical outages | <input type="checkbox"/> No hot water | <input type="checkbox"/> Stopped up drain | <input type="checkbox"/> Water leaking |

Special exceptions for elderly, handicapped or infant in unit _____

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 Ptrl: _____
 Other instructions? _____

Please attach any rotating on-call schedules for maintenance, courtesy patrol or management if applicable.

Fax completed forms to 1-877-225-9824