



## CUSTOMER INFORMATION FORM

PROPERTY INFORMATION		
Name of Property:	# of Units:	
Property Address:		
City:	State:	ZIP Code:
Property Manager:	Phone:	Fax:
Email:		
Maintenance Supervisor:		
Email:		
Accounts Payable Contact:	Phone:	
Email:		
PROPERTY MANAGEMENT COMPANY INFORMATION		
Management Company Name:		
Address:		
City:	State:	Zip code:
Owner/Chief Executive:	Phone:	Fax:
Email:		
Manager Responsible for Property Above:		
Email:		
Phone:	Fax:	
Accounts Payable Contact:		
Email:	Phone:	
PROPERTY OWNERSHIP INFORMATION		
Property Owner Name:		
Owner/Chief Executive:	Phone:	Fax:
Address:		
City:	State:	ZIP Code:
Email:		
Property Owned Since:		
Owner Contact Name (If Different than Above):		
Title:	Phone:	Fax:
Email:		



## CUSTOMER INFORMATION FORM

### BUSINESS/TRADE REFERENCES

Company Name:			
Address:			
City:		State:	
Phone:		Fax:	ZIP Code:
		E-mail:	
Company Name:			
Address:			
City:		State:	
Phone:		Fax:	ZIP Code:
		E-mail:	
Company Name:			
Address:			
City:		State:	
Phone:		Fax:	ZIP Code:
		E-mail:	
Company Name:			
Address:			
City:		State:	
Phone:		Fax:	Zip Code:
		Email:	
Company Name:			
Address:			
City:		State:	
Phone:		Fax:	Zip Code:
		Email:	

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Invoices paid 60 days beyond due date may be assessed a finance charge of 1.5% per month until paid.
3. By submitting this application, you authorize [Company Name] to make inquiries into the banking and business/trade references that you have supplied and verify the information you provided on this form.

Name of Applicant:	Date:
Authorized Signature:	Date: