

OPEN ACCOUNT APPLICATION

Property Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____ Fax: _____

Email Address: _____

Management Co: _____

Mgmt Co.Address: _____

City, State, Zip: _____, _____, _____

Phone: _____ Fax: _____

Name of person to contact regarding P.O., Invoices, Payments:

1. _____ 2. _____

Bank: _____ Acct. Number: _____

Bank Address: _____ Phone: _____

References: Please supply name, address, phone and fax number.

1. _____

2. _____

I certify that all the information on this form is correct and fully understand your credit terms. The management company/owner agrees to the timely and proper payment in consideration of this open account. If credit is extended, I understand that I will also be required to update this application of any management/owner changes.

Signed: _____ Title: _____

Date: _____

APPROVED

NOT APPROVED

PLEASE FAX YOUR COMPLETED APPLICATION TO 214-357-4966
CALL US WITH YOUR QUESTIONS, 800-332-8730