



US Voice Apartment Application

Please fill out this form and fax to 770-988-0666.

NAME OF COMMUNITY: _____

Start Date: _____

Referred by: (yellow pages, Internet, Direct Marketing ... other): _____

CONTACT: _____ Number of units: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email address: _____

Management Company Information (required)

Management Company: _____

Management Address: _____

City: _____ State: _____ ZIP: _____

Regional Property Manager (RPM) _____

Phone number: _____ **Email** _____

How will you forward to new service? (Please choose one)

Manually via (72#) _____ (If yes, no need to provide all phone lines below)

Manually via (*72) _____ (If yes, no need to provide all phone lines below)

Forward automatically through local Phone Company: YES NO
(If yes, enter all telephone lines below)

1st line: _____ 2nd line: _____

3rd line: _____

Additional lines: _____

General message notification:

Would you like to be notified during office hours that you have a new messages: YES NO

If yes, what number will service to call to notify for general message (backline): _____

Email notification:

Would you like copies of Leasing Office voicemails emailed? YES NO

If yes, email address(s): _____

Would you like copies of the Maintenance voicemails emailed? YES NO

Email address(s): _____

Would you like copies of the Courtesy voicemails emailed? YES NO

Email address(s): _____

Maintenance Emergencies are: (place an **X ONLY** for features included)

- | | | |
|--|---|--|
| <input type="checkbox"/> Flood | <input type="checkbox"/> Sewage backup | <input type="checkbox"/> Non-emergency page costs \$ _____ |
| <input type="checkbox"/> No water | <input type="checkbox"/> Refrigerator not working | <input type="checkbox"/> accept cash only |
| <input type="checkbox"/> No heat below:
(specify or 65) | <input type="checkbox"/> Severe gas smell | <input type="checkbox"/> accept check |
| <input type="checkbox"/> No A/C:
(specify or 80) | <input type="checkbox"/> Doors or windows unsecured | <input type="checkbox"/> accept money order |
| <input type="checkbox"/> Stopped up toilet
(1 bathroom) | <input type="checkbox"/> Noise complaints
(if no courtesy) | <input type="checkbox"/> Lock outs:
charge: \$ _____ |
| | | <input type="checkbox"/> after hours lockouts:
accept cash only |

Office hours are:
Monday thru Friday from ____ am to ____ pm
Saturdays from ____ am to ____ pm
Sundays _____

Courtesy Officer will handle: (place an **X ONLY** for features included)

- | | | |
|--|---|--|
| <input type="checkbox"/> Noise complaints | <input type="checkbox"/> Parking Issues | <input type="checkbox"/> Lockouts
Charge \$ _____ |
| <input type="checkbox"/> Domestic disputes | | |

We offer _____, _____, and _____ bedroom (circle) flats, apt homes, townhomes, garden-style

Apartment features: (place an **X ONLY** for features included)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fully equipped kitchens | <input type="checkbox"/> Washer/dryer connections | <input type="checkbox"/> Fireplaces |
| <input type="checkbox"/> Walk in closets | <input type="checkbox"/> Extra storage space | <input type="checkbox"/> Cable ready |
| <input type="checkbox"/> Ceiling fans | <input type="checkbox"/> (circle) Patios, Decks,
Balconies, Screened porch | <input type="checkbox"/> Alarms/optional |

- Amenities:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Gated Community | <input type="checkbox"/> Volleyball court | <input type="checkbox"/> Business Center |
| <input type="checkbox"/> Car wash | <input type="checkbox"/> Picnic area | <input type="checkbox"/> Laundry facilities |
| <input type="checkbox"/> Club house | <input type="checkbox"/> Fitness center | <input type="checkbox"/> Playground |
| | <input type="checkbox"/> Tennis court | <input type="checkbox"/> Swimming Pool |

If you would like to list directions:



US Voice

NAME OF COMMUNITY: _____

Please fax back to 770-988-0666

Emergency notification numbers

Maintenance Emergency			
Level	phone or pager number	Pager or Phone Circle One	Times to contact (2x10 minutes)
1		Pager - Phone	
2		Pager - Phone	
3		Pager - Phone	
4		Pager - Phone	
5		Pager - Phone	

Courtesy Dispatch			
Level	phone or pager number	Pager or Phone Circle One	Times to contact (2x10 minutes)
1		Pager - Phone	
2		Pager - Phone	
3		Pager - Phone	
4		Pager - Phone	
5		Pager - Phone	



TERMS OF SERVICE

Phone: 770-988-9800
800-945-5585
FAX: 770-988-0666

Date _____

Company Name: _____	Business Type: _____
Contact Person: _____	
Billing Address: _____	
Phone: _____	Fax: _____

****For Apartment Use Only****

Management Company: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____

Accounts Payable Contact Person: _____
Phone: _____ Fax: _____
Email: _____

TERMS AND CONDITIONS

Billing:

Your first billing will include your set-up fee (see below), and pro-rated service for remainder of current month plus following months service.
 Billing invoices are dated on the 1st of the month of service and are due within 15 days.
 Accounts are considered past due if payment is not received by the 15th of the month.
 Accounts past due 15 days (30 days from invoice date) will be assessed a monthly late fee of \$15.00.
 Accounts 30 days past due will have their service suspended. Note: this is not a termination of service; messages may be left but not retrieved.
 A \$25.00 fee will be charged to re-activate an account that is suspended for late payment.
 A \$35.00 fee will be charged for all checks returned by the bank.

Customer Service:

This completed, signed contract must be received by customer service prior to activation of new accounts.
 Changes in Service: Any changes to your service can be done over the telephone with Customer Service with a 24-hour notice. A fee may be charged for requested changes to your account with less than 24-hour notice.
 Credits or additional charges are pro-rated from the date of change in service.
 Certain changes requiring re-programming and/or re-recording may result in additional set-up fees, and may result in changes to your regular recurring rate. You will be informed prior to making changes.

Cancellation:

This contract may be canceled at any time by providing us with a 30-day written notice.
 Your signed, written, notice to terminate service must be received by us at least 30 days prior to your last date of service. You will be responsible for payment of all services through the scheduled date of cancellation.(30 days from receipt of written notice or date predetermined by you if after 30 days from receipt)
 We will not be responsible for faxes/letters of cancellation that do not reach us for whatever reason. It is your responsibility to verify that we have received your notification to cancel your service.
 Without written cancellation notice, service will still be billed and payable.

\$

Your Recurring Rate

\$

Set-Up Fee

Please sign indicating acknowledgment of our "Terms and Conditions" and fax to 770-988-0666 or mail to 1640 Powers Ferry Road, Bldg 18, Suite 150, Marietta, GA 30067 (This signed Contract for Service must be received prior to activation of new accounts)

Signature: _____

Print Name: _____

Date: _____