

ACCOUNT ACTIVATION FORM

Version X; 22Sept2015

FAX TO: 972-245-2089



Date: _____		Salesperson: _____		Credit Line Desired: \$ _____	
Apartment Community Name (the "Property"):			Fee Managed: <input type="checkbox"/> Owner Managed: <input type="checkbox"/>		Occupancy Rate: _____ % Total # of Units: _____
Street Address:			Anticipated Monthly Purchases: \$ _____		
City, State, Zip: _____					
Manager's Name: _____		Phone: _____		Fax: _____	
Payment Contact: _____		Phone: _____		Fax: _____	
e-Mail Address (for billing purposes): _____			➔		
Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			Invoices/Stmts sent to: <input type="checkbox"/> Property <input type="checkbox"/> Management <input type="checkbox"/> Owner		
May an order be shipped without a P.O. Number? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tax Status: <input type="checkbox"/> TAXABLE or <input type="checkbox"/> EXEMPT (If tax exempt, a copy of the exemption certificate is required.)					
Flooring materials at this property <input type="checkbox"/> DO or <input type="checkbox"/> DO NOT contain asbestos. Year Property Was Built: _____					
Does this property use an e-procurement service? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, the name of the service used: _____					
Property Management Company:					
Street Address: _____					
City, State, Zip: _____			Phone: _____		Fax: _____
Legal Name of Entity that owns this Property: _____					
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LP					
Street Address/ Suite: _____					
City, State, Zip: _____			Phone: _____		
Please check all that apply, and fill in the blanks as appropriate:					
<input type="checkbox"/> As a management company we have managed this property for 12 months or longer. (If less than a year, how many months: _____ months)					
<input type="checkbox"/> We prefer to receive invoices in pdf format to the following email address: _____					
<input type="checkbox"/> We would like to implement 810 compliant EDI invoicing to our A/P department. Who should Rasa contact to implement this service for your Property? Name: _____ Phone: _____					
Other Special Instructions (if any): _____					

The information furnished to Rasa Floors & Carpet Cleaning, LLC ("Rasa") on this form is true and correct and is for the sole purpose of establishing an open account with RASA for the purchase of goods and services. I am (we are) authorized to bind the Owner of the Property for any and all purchases made from Rasa for the Property. All invoices are payable to Rasa at its office in Carrollton, Texas; and, **all invoices are due and payable within thirty (30) days of the invoice date and are payable by check or ACH unless otherwise agreed in writing.** If the account is placed with an attorney for collection, the Property agrees to pay Rasa its reasonable attorney's fees and costs incurred in the collection of the indebtedness. The Property agrees to pay interest at 18% per annum on all invoices not paid within thirty (30) days from the invoice date. If Rasa must take action to collect delinquent invoices, such as sending a demand letter and/or subsequently filing a mechanic's lien, the Property agrees to pay Rasa a \$300 administration fee.

By signing this Account Activation Form as an agent on behalf of the Property Owner, the Management Company is assuming NO liability for payment for goods and services sold to the Property. Rasa agrees to look solely to the Owner of the Property for payment of its invoices.

Date: _____ Authorized Signature _____
 Please Print Name: _____
 Title: _____