

STEVENS PROPERTY MANAGEMENT

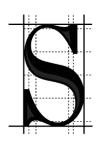
REAL ESTATE • PROPERTY MANAGEMENT • CONTRACTING

NEW CLIENT APPLICATION

Legal Name:	
Client Type: □ Real Estate □ Property Managen	nent □ Maintenance & Contracting
Property Address:	
Mailing Address:	
Cell Phone #:	
Work Phone #:	
Home Phone #:	
Emergency Contact Phone #: ()	
Email Address:	
Insurance Agent:	Phone #: ()
Alarm Keypad Code:	Password:
Miscellaneous Repairs. Please list any repairs o estimates on:	or maintenance that you would like to schedule or receiv
Signature:	
Date:	

PLEASE PROVIDE SIGNED W-9 ALONG WITH THE ACH ELECTONIC AUTHORIZATION FORM WITH THIS APPLICATION. NO PAYMENTS CAN BE PROCESSED WITHOUT THESE DOCUMENTS COMPLETED.

Please fax all documents to 845.256.8865 or email accounting@stevensrealtygrp.com



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ACH ELECTRONIC AUTHORIZATION FORM

I (we) hereby authorize **Stevens Realty Group** DBA **Stevens Property Management** (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION). This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)		
(Address of Financial Institution - Branc	h, City, State, & Zip)	
Financial Institution Routing Number:_		
Checking/Savings Account Number:		
These numbers are located on the bottom of yo	ur check as follows:	
1: <u>123456789</u> 1: <u>1234567</u> Routing Number Account N		
(Signature)	(Date)	
(Name - PLEASE PRINT)		
(Address - PLEASE PRINT)		