



P.O. BOX 279
COPENHAGEN, NY 13626

NEW CLIENT INTAKE FORM

<i>OFFICE USE ONLY:</i>	
REVIEWED BY: _____	ROUTE DESIGNATION: _____
CLIENT ID #: _____	MANAGEMENT APPROVAL: _____

NAME **DOB**

MAILING ADDRESS

CITY **STATE** **ZIP**

TELEPHONE **EMAIL**

IF SERVICE ADDRESS IS DIFFERENT FROM MAILING ADDRESS, PLEASE PROVIDE ADDRESS OF PROPERTY THAT IS BEING SERVICED:

PROPERTY STATUS: (circle on) **PERMANENT** **SEASONAL** **RENTAL**

ARE YOU INTERESTED IN SOCIAL MEDIA MANAGEMENT? **YES | NO**

HOW DID YOU LEARN / HEAR ABOUT TPM? _____

NOTES / REMARKS:

PLEASE CIRCLE OR HIGHLIGHT THE SERVICES YOU ARE INTERESTED IN CURRENTLY, AND POTENTIAL SERVICES IN THE FUTURE:

MULCHING/DELIVERY	GUTTER CLEANING	WEED CONTROL
SEASONAL LAWN MOWING	SEASONAL SNOW PLOWING	AIRBNB MANAGEMENT
GRAVEL DELIVERY	PRESSURE WASHING	SPRING/FALL CLEANUP
TOPSOIL DELIVERY	PRESSURE WASHING	SNOW BLOWING ONLY
GARDEN DESIGN	TOPSOIL DELIVERY	CLEANING RENTAL PROPERTY

INSTALLATION OF SECURITY SYSTEM (SIMPLISAFE, INTERNET REQUIRED, MONTHLY SUBSCRIPTION REQUIRED)

1. HOW DO YOU PREFER TO PAY FOR SERVICES?

- a. CREDIT CARD
- b. CHECK
- c. CASH

**(WOULD YOU LIKE YOUR CREDIT/DEBIT CARD STORED ON FILE FOR AUTO BILLING: YES | NO*

*** (IF YES, PLEASE COMPLETE THE ATTACHED FORM UPON SUBMITTING INFORMATION.)*

2. WHICH OF THE FOLLOWING APPLIES TO THIS PROPERTY?

- a. OWN
- b. RENT
- c. LEASE
- d. OTHER

DISCLAIMERS:

- 1. TPM WILL ENTER THE GROUNDS TO PERFORM SERVICES WHEN HOMEOWNERS ARE NOT HOME. THIS WILL BE STRICTLY TO PERFORM AGREED UPON SERVICES.
- 2. WHEN TPM ARRIVES ON SITE WE WILL NOT CHECK TO SEE IF ANYONE IS HOME, WE WILL ENTER THE PROPERTY TO PERFORM SAID SERVICES.
- 3. TPM ALWAYS TAKE A BEFORE AND AFTER PHOTO OF WORK PERFORMED THAT WILL BE RETAINED IN CLIENTS CONFIDENTIAL FILE. ANY OTHER PHOTOGRAPHY IS STRICTLY FORBIDDEN BY OUR TEAM. PHOTOGRAPHY OF OUR STAFF/TEAM IS ALSO STRONGLY PROHIBITED.
- 4. TPM OR ITS APPROVED AGENTS WILL NEVER FOR ANY REASON ATTEMPT TO GAIN ENTRY INTO ANY STRUCTURE ON SITE UNLESS HOMEOWNER CONSENT HAS BEEN GIVEN VERBALLY AND/OR IN WRITING.
- 5. THERE ARE OPTIONS FOR PAYMENT PLANS THAT CAN BE EXPLORED ON A CASE-BY-CASE BASIS.
 - a. A DEPOSIT (REFUNDABLE) MAY BE REQUESTED WHEN ESTABLISHING SERVICE. DEPOSIT WILL BE HELD AND REFUNDED IN 60 DAYS. FOR MORE INFORMATION, PLEASE INQUIRE WITH A MEMBER OF THE MANAGEMENT TEAM, OR FINANCE MANAGER.

UPON COMPLETION OF THIS INTAKE FORM, PLEASE MAKE CERTAIN TO PROVIDE A COPY OF A CURRENT DRIVERS LICENSE OR STATE/FEDERAL IDENTIFICATION.

BY SIGNING BELOW, I HAVE READ AND UNDERSTAND THE DISCLAIMERS LISTED ABOVE. I ACKNOWLEDGE THAT THIS IS NOT A CONTRACTUAL AGREEMENT AND DOES NOT GUARANTEE SERVICES. THE PURPOSE OF THIS FORM IS TO GATHER THE NECESSARY INFORMATION NEEDED TO CREATE AN ACCOUNT. ALL INFORMATION IS KEPT CONFIDENTIAL IN COMPLIANCE WITH LOCAL, STATE AND FEDERAL LAW.

SIGNATURE (FINANCIALLY RESPONSIBLE INDIVIDUAL)

DATE

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Tri-County Property Management to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date