New Property Setup Form

For Properties Managed by Existing Clients

Prosource Fitness Equipment

6330 Mt Herman Rd
Raleigh, NC 27617
919.781.8077
www.prosourcefitness.com

Date _____

FOR IN-HOUSE USE

Prosource Account Manager _____

Management Company _____

Primary Contact / Title _____/_____

Contact Email _____

Property Location

☐ Apartment Community ☐ Student Housing ☐ Senior Living ☐ HOA

Location Name _____

Property Contact Name / Title _____/_____

Contact Email _____

Property Address _____

City _____ State _____ County _____ Zip _____

Location Phone _____

Billing Information

☐ Same as Property Location **PO Required? YES** ☐ **NO** ☐

Company Name _____

Billing Contact/Title _____/_____

Mailing Address _____

City _____ State _____ County _____ Zip _____

Phone: _____

Invoice Submission Requirements

Service Invoices: ☐ Email Invoices ☐ Mail Paper Invoices ☐ Upload Invoices To Customer Portal

Email Address _____ Portal Name_____

Equipment Invoices: ☐ Email Invoices ☐ Mail Paper Invoices ☐ Upload Invoices To Customer Portal

Email Address _____ Portal Name_____

Compliance / COI Requirements

Compliance Platform ☐ VendorCafé ☐ NetVendor ☐ RealPage ☐ Other _____

Is a Certificate of Insurance (COI) required? ☐ YES ☐ NO Email COI To _____

Please attach a sample COI or provide your COI requirements, including:

- *Certificate holder name and mailing address*
- *Waiver of Subrogation requirements*
- *Additional insured requirements*
- *Any other required endorsements or special language*

TERMS: Prosource Fitness Equipment account terms are NET 15. Payment is due according to the terms stated on each invoice. A service charge of 1.5% per month (18% annually) will be assessed on all outstanding balances over 60 days from the date of the invoice. All accounts with balances exceeding 60 days will be placed on C.O.D. until the account is brought current. The customer is responsible for all reasonable costs of collection, including attorney's fees. I acknowledge that I have read and understand the terms and certify that I am authorized to provide this information on behalf of the property or management company.

Signature

Authorized Signature _____ Date _____

Printed Name _____ Title _____