

ASSOCIATION SETUP INFORMATION

Please email to newhoa@asapcollect.com or Fax to 408-754-0144

GENERAL INFORMATION:

Association Name: _____

Association Year End _____ Fed Tax Id No. _____

County Association located in: _____ City Association located in: _____

Frequency / Day of Month - Board Meetings: _____ (e.g., "every month / 3rd Tuesday" or "varies")

Type of Billings: Billing Statements Coupons None Other: _____

Frequency of Billings: Monthly Quarterly Semi Annual Annual

*DQ Date: _____ *Late Charge: \$ _____ *Interest: @ _____% per Annum *will be verified with CC&R's

Special Assessment: No Yes. If yes, please provide a copy of the letter sent to the membership explaining the special assessments and the terms of the payment.

Payment Plans: Yes No Payment Plans from 6 12 18 24 months without further Board approval.

*During Payment Plan LATE FEES will be shut off in accordance with the law (effective 01/01/2006), however, interest will be charged.

ASSOCIATION CONTACT (if self managed) OR MANAGEMENT COMPANY CONTACT INFORMATION:

Company Name: _____

Address: _____, CA Zip Code: _____

Main Phone: (_____) _____ Fax: (_____) _____

Manager's Name: _____ Email: _____

Assistant's Name: _____ Email: _____

BOOKKEEPING / FINANCIAL MANAGEMENT PROVIDER CONTACT INFORMATION (If NOT handled by Mgt.)

Company Name: _____

Address: _____, CA Zip Code: _____

Main Phone: (_____) _____ Fax: (_____) _____

Contact Name: _____ Email: _____

ESCROW INSTRUCTIONS:

A.S.A.P. provides pay-off demands to escrow companies on all accounts assigned to collection - we need to know how much to charge on your behalf.

Escrow Contact: _____ Email: _____ Phone: (____) _____

- Transfer fee \$ _____ paid to: HOA MGMT BKPR
- Fwd to collection fee \$ _____ paid to: HOA MGMT BKPR
- Refinance Fee \$ _____ paid to: HOA MGMT BKPR
- Foreclosure Tran. Fee \$ _____ paid to: HOA MGMT BKPR
- Foreclosure Fwd Fee \$ _____ paid to: HOA MGMT BKPR

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A.S.A.P. Collection Services

Tel (408) 363-9600 Fax (408) 225-8864