New Association Form

Association Name_____

Mailing Address _____

City/State/Zip _____

No. of Units _____

No. of Board Members _____Tax ID No._____W-9_____

Assessment $_____ Per_____ Due _____ Late _____

Late Charge $_____ Variable?_____

Reserve $ _____ Special _____$ _____Per_____

Ongoing $_____

Master/Sub ?_____

Management Co. _____

Email _____ Website _____

Manager _____ Phone _____Fax _____

Email _____

Accounting_____Phone _____Fax _____

Email_____

Address_____

New Acct Fees $_____ Cap Fee $_____ Admin Fee $_____

Any Other Charges? $_____

Who Sends Intent? _____

Signor Name and Title_____ Or Mike Designated Agent Signed Form

Please forward a copy of Association Collection Policy and W-9

Thank You.

HOA COLLECTIONS LLC

(702) 212-5000
www.collectHOA.com