COMMERCIAL SERVICE ORDER

(NOT FOR USE BY RESIDENTIAL TENANTS)

Tenant Name
And Address: _____

Today's Date: _____/_____/_____ Urgency: ❑ Earliest convenience ❑ Emergency

Problem: _____

_____

_____

Shaded box to be filled out by Management.

To Manager: _____/_____/_____ Promise Date: _____/_____/_____

Date Finished: _____/_____/_____ Performed by: ❑ Management ❑ Third party ❑ Both

Service done: _____

_____

_____

Bill to: ❑ Tenant ❑ Landlord ❑ 50% Each
❑ Full Bill ❑ Supplies only ❑ Labor only ❑ Other _____

Bill amount: $_____ or ❑ Amount to be determined by third party vendor

Note to Tenant: By signing below, Tenant is agreeing to the following:

If Manager has determined that full or partial service should be billed to Tenant, Tenant must sign below before any work will be done. Tenant agrees that payment will be made within 10 days of billing and will be deemed "additional rent" under the terms of the lease. Landlord/Management makes no guarantees of work performed by third party vendors. Tenant must secure any guarantees from third party vendor. Landlord/Management accepts no liability for work not performed on date promised.

_____ _____/_____/_____
Signature of Tenant Date

Service Order may be mailed or faxed to:
MRM Management LLC, PO Box 1128, Little Falls, NJ 07424
Fax: (973) 256-1754