



Vendor Setup Worksheet

BASIC INFORMATION:

Vendor Type: Standard Vendor Setup Offsite/Exempt Resident Employee

If Offsite/Exempt, please select one:

VENDOR INFORMATION:

Vendor/Employee/Resident Name: _____ Date: _____

Remit Address: _____

(may differ from address on W9)

City/State/Zip _____

Vendor/Employee/Resident Phone #: _____ Vendor/Employee/Resident Fax #: _____

Vendor's Email Address: _____

Vendor Service/Product Type: _____

Property Name: _____ Property ID #: _____

(N/A if National Vendor) :

APPROVALS:

Approval Signature _____ Date _____

(requires RPM or above)

National Vendor Category: Appliances, Debt Collections, Flooring, MRO Supplies, Office Supplies, Packages, Paint Supplies, Pool Supplies, Valet Trash

If one of above, requires signature: _____ Date _____

(Jonathan Jeans, VP of Operations)

PROPERTY USE ONLY

Submit *ALL* of the following items:

Completed Vendor Set-Up Worksheet (*this form*)

W-9 Form

Certificate of Insurance for General Liability, Workers Compensation and Auto Liability