

Elite Management Professionals, Inc.

**4112 Blue Ridge Road Suite 100
Raleigh, NC 27612
Phone 919-233-7660
Fax 919-233-7661
www.elite-mgmt.com**

Dear Vendors and Contractors,

In order to best serve the communities that Elite Management Professionals manages and the contractors that work for them, the completion of the enclosed information is required to fulfill our vendor policy.

In addition to the vendor information form, the items listed below are required for a complete vendor package. Prior to any work commencing on the property please complete and return all information in its entirety. In order not to delay any payment after work is completed it is necessary that vendors update Elite Management Professionals with any changes in information or updated certificates of insurance prior to the expiration date.

- ✓ Company Information
- ✓ W-9 Form
- ✓ Certificate of Insurance (including general liability, auto liability and workers compensation)
- ✓ It is required that **Elite Management Professionals, Inc. and Associations** be named as certificate holders on insurance policies.
- ✓ Any vendor that will be working in a community managed by Elite Management Professionals is required to wear professional attire and behave in a professional manner at all times when on the property. Vendors shall not smoke within the community. Reported and verified violations of these professional requirements will result in a minimum \$100.00 cost deduction of the invoice. In the case where a subcontractor may be hired through the contractor (that has been approved by the manager) the deduction will come off the vendors invoice and will need to be settled between the vendor and the subcontractor.
- ✓ It is responsibility of the contractor to follow all local, state and federal ordinances and OSHA standards

Please feel free to contact us with any questions. We look forward to working with you and your company in the future.

Sincerely,

Accounting Department
accounting@elite-mgmt.com

Elite Management Professionals Inc.

Vendor Contact Information

Vendor Name _____

Vendor Address _____

Vendor Phone _____ Vendor Fax _____

Vendor Email _____ Contact Name _____

List Services Provided _____

License # _____

(Required for all trades required by State Law- general contracting, plumbing, HVAC, etc.)

Vendor Address _____

Vendor Home Phone _____

Vendor Financial and Insurance Information

Company Type (check one) ___ Individual/ Sole Proprietor ___ Partnership ___ Corporation

Make Check Payable To _____

Federal Tax Id # _____ SSN# _____

Certificate of Liability Insurance (1,000,000 minimum)# _____

Policy Date: Effective _____ Expiration _____

Insurance Provider: _____ Phone _____

Workers Compensation Insurance # _____

Policy Date: Effective _____ Expiration _____

Insurance Provider: _____ Phone _____

Automobile Insurance Policy # _____

Policy Date: Effective _____ Expiration _____

Insurance Provider: _____ Phone _____

Company Services

Please List Three References

Please make sure to include name, relationship, address, and contact information.

1) _____

2) _____

3) _____

Please list any services you or your company is able to provide. Please feel free to use a separate piece of paper or attach any informational material.

Signature

Date

By signing this I am agreeing to the Elite Management professional policy and the accuracy of this information