

*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 \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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