

## **Vendor Requirements**

## Thank you for your interest in becoming one of our Preferred Vendors.

We are always looking for highly qualified vendors to team up with us to give our clients and our tenants the best possible service. It is imperative that you understand upfront that we uphold a high standard of service for not only those directly employed be our firm but also with any third-party vendors in which our clients depend on for quality maintenance and repair. We expect all work to be completed on-time, at the cost agreed upon and with the highest quality of workmanship afforded. Your work is a direct reflection on our company, and we take pride in our performance.

## **Vendor Requirements**

#### Form W-9

Advantage Gold Realty, Inc. requires a completed IRS Form W-9 to be on file for all vendors. Please submit a completed W-9 if this is the first time you are providing services to our company. IRS Form W-9 a standard form issued by the IRS required by companies that hire independent contractors.

#### **Certificate of Insurance**

Advantage Gold Realty, Inc. requires an up to date General Liability and Worker's Compensation Certificate of Insurance to be on file for all vendors. The certificate must verify that your company maintains a minimum of \$1,000,000 in General Liability Insurance and include Advantage Gold Realty as additionally named insured. Please ensure that you have submitted an up to date Certificate of Insurance to avoid payment processing delays.

If you do not have Worker's Compensation insurance, you will need to fill out the attached "Independent Contractor Statement" form on a yearly basis in lieu of a Workers Compensation Insurance. This only applies to Sole Proprietor's that do not have ANY employees.

Failure to comply with this requirement can be very costly to our Corporation; therefore, payments for services performed cannot be processed without this information. We appreciate your help and understanding in this matter.

#### **Invoice Submission/Processing Procedures**

Invoices may be submitted by <u>one</u> of three methods:

- 1. E-mailed as pdf or word document to <a href="mailto:service@advantagegoldrealty.com">service@advantagegoldrealty.com</a>
- 2. Mailed to 1512 Gum Branch Road, Jacksonville NC 28540
- 3. Delivered to 1512 Gum Branch Road, Jacksonville NC 28540

Submission guidelines:

- All invoices must be submitted to us on the 30<sup>th</sup> of every month.
- Please only submit your invoice once.
- If you e-mail your invoices please submit each invoice as a separate attachment.
- Submit a statement every 30 days after submission of the invoice. Statement should show any invoices owed to Vendor.

## Payment Processing:

Advantage Gold Realty, Inc. processes invoices on the 1<sup>st</sup> of every month and mails out payments on the 10<sup>th</sup> of the month. To process payments as quickly as possible please have all invoices submitted to our office by the 30<sup>th</sup> of the month.



## INDEPENDENT CONTRACTOR STATEMENT

# In order to determine if an Independent Contractor Sole Proprietor exist, this form MUST be completed by the Sole Proprietor on an annual basis.

1.	I, DBA:	am a
	Sole Proprietorship Corporation Limited Liability Comp	oany
2.	I hire employees, casual labors, or subcontractors while working for the above insured	d: 🗌 YES 🗌 NO
3.	My Federal I.D. Number is	
4.	I provide all materials/equipment needed while working for the above insured.	S 🗌 NO
5.	I have an Assumed Name Certificate on file with County. (Attach Documentation)	YES 🗌 NO
6.	I have general liability insurance coverage: <b>YES NO</b> (Attach Documentation)	
7.	I did not work exclusively for the above named insured, but worked for other clients of period stated above: <b>YES NO</b>	luring the policy
8.	I signed a contract with the above named insured that spells out our business relations (Attach Documentation)	hip: <b>YES NO</b>
9.	Description of work performed for above named insured:	

Signature of Independent Contractor Statement

Date



## **VENDOR AGREEMENT**

In consideration of the acceptance of your bid and/or proposal for furnishing supplies, goods, and/or services to properties managed by, Advantage Gold Realty Inc. Hereinafter referred to as AGR, you agree as set forth herein. This is not an exclusive right to furnish supplies, goods and/or service to our properties. As part of the business arrangement between AGR and your company, you understand and agree that AGR manages various properties as an agent of the owner/investment. In such agent capacity, you acknowledge that AGR, its officers, agents and employees have no responsibility whatsoever for payment of the supplies, goods, and/or services which you provide. The responsibility for payment rests with the owner of each of the various properties. By signing your name below, you also agree to bill each property separately. AGR represents that it has the authority to bind the Owners responsible for payment of services provided and AGR has no reason to believe that the person or entity on whose behalf services are requested is unable to pay for the services.

That all services, materials and employees used by the undersigned will comply with all applicable federal, state, and local laws, building codes, the American with Disabilities Act ("ADA"), and Lead Safe Certified (EPA), etc. That the undersigned will also indemnify, defend and hold harmless (including the payment of attorney's fees and cost) AGR, its affiliates, the property involved, the owner(s) of the property, and their respective employees, officers, and agents, should any action be initiated by any governmental or other regulatory agent for any alleged violation of such laws, regulations and building codes.

That the undersigned shall at its sole expense secure and maintain in force at all times a policy of insurance in compliance with the provisions of the Workers Compensation Laws of the State in which the property is located providing compensation coverage for all employees of the undersigned who at any time act for the undersigned. The undersigned shall furnish AGR with a certificate of such insurance policy. Nothing contained herein shall alter the relationship of the undersigned to AGR, nor have the effect of creating an employer-employee relationship between AGR and any such employee of the undersigned. The undersigned also shall be responsible for the employment control or conduct of its employees and any compensable injury of such employees in the course of their employment or otherwise.

The undersigned shall also maintain general liability insurance with coverage of at least \$1,000,000 covering all labor, materials or services furnished hereunder as well as company automotive coverage. The undersigned shall furnish AGR with a current copy of the policy, or a certificate of insurance coverage. Upon cancelation of the insurance policy either by the insurance company, or your firm, payments for services will be withheld until proof of coverage is provided. Failure to provide proof of coverage within 45 days from AGR's notification to your firm will result in termination of your contract as a default by your firm with no penalties or additional amounts due from AGR.

The Contractor (Firm) agrees to indemnify and hold AGR harmless from all claims, demands, and suits for injuries suffered by the Contractor and/or Contractor's officers, agents, employees, sub-contractors, or by any employee of a sub-contractor of the Contractor while working for a property managed by AGR. CONTRACTOR (FIRM) IS NOT ENTITLED TO WORKERS' COMPENSATION BENEFITS OR UNEMPLOYMENT INSURANCE BENEFITS.

Notwithstanding the provisions of this Vendor Agreement, if either party sues to enforce the provisions of this document, the prevailing party shall be entitled to reasonable attorney's fees and costs associated with the litigation.

If the foregoing meets with your agreement and approval, please so indicate by completing the following and signing in the space provided below.

Advantage G R E A L T Y Leasing • Management • Ho	Vendor Information Form
Company Name	
Contact Name(s)	
Company Address	
Mailing/Billing Address	
Services Provided	
Office Phone	Office Fax
Cell Phone(s)	Other
Email Address(s)	
EIN (Corporate ID #)	or <b>S.S. Number</b>
Insurance Information	
<b>General Liability –</b> Advantage G	iold Realty, Inc. MUST BE listed as an additionally insured
Insurance Company	Phone
Worker's Comp - or Independe	nt Contractor Statement (see attached)
Insurance Company	Phone
<ul> <li>Please note:</li> <li>Checks will not be cut if p checks are processed.</li> </ul>	roper insurance coverage is not in place and current at the time work is performed and
•	e a yearly 1099 for service provided. Form W-9
Provide proof of General	Liability and Worker's Compensation insurance. Failure to maintain General Liability &
<ul> <li>Advantage Gold Realty, I 10<sup>th</sup> of the month. In an</li> </ul>	nce will prevent our office from utilizing your company. nc. processes all invoices on the 1 <sup>st</sup> of every month and mails out payments on the effort to process payments as quickly as possible please have all invoices o later than the 30 <sup>th</sup> of each month.

Depart	W-9 Doctober 2018) ment of the Treasury I Revenue Service				r and Certifi				re	queste	rm to th er. Do n the IRS	not
	1 Name (as shown	on your income	tax return). Name is re	quired on this line; do r	not leave this line blank.							
	2 Business name/o	isregarded entity	ty name, if different fron	n above								
e. Is on page 3.							ntions (codes apply only to ntitles, not individuals; see ons on page 3): bayee code (if any)					
Print or type. See Specific Instructions on page	□ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶					ande (if any)						
ocific _	is disregarded from the owner should check the appropriate box for the tax classification of its owner.  Other (see instructions)						(Applies to accounts maintained outside the U.S.)					
See <b>Sp</b>	5 Address (number	, street, and apt.	:. or suite no.) See instru	actions.		Requeste	r's name a	and addre	ss (opti	ional)		
	6 City, state, and Z	IP code										
	7 List account num	per(s) here (optic	onal)									
Par	tl Taxpay	er Identific	cation Number	(TIN)								
			The TIN provided mains is generally your s				Social se	curity nun	ber			_
reside	ent alien, sole propres, it is your employ	ietor, or disrec	garded entity, see th on number (EIN). If yo	e instructions for Pa	rt I, later. For other					-		

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

#### Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Signature of U.S. person ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Date ►
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

- Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.