



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 by 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 is 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 Proprietors 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 one of three methods:

1. E-mailed as pdf or word document to service@advantagegoldrealty.com
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 30th 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 1st of every month and mails out payments on the 10th of the month. To process payments as quickly as possible please have all invoices submitted to our office by the 30th 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 Company
2. I hire employees, casual labors, or subcontractors while working for the above insured: YES NO
3. My Federal I.D. Number is _____
4. I provide all materials/equipment needed while working for the above insured. YES NO
5. I have an Assumed Name Certificate on file with _____ County. YES NO
(Attach Documentation)
6. I have general liability insurance coverage: YES NO
(Attach Documentation)
7. I did not work exclusively for the above named insured, but worked for other clients during the policy period stated above: YES NO
8. I signed a contract with the above named insured that spells out our business relationship: YES NO
(Attach Documentation)
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.

Vendor Name _____

Federal Tax I.D.# _____ or Social Security # _____

Contractor Printed Name : _____ Title: _____

Contractor Signature: _____ Date: _____



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 S.S. Number _____

Insurance Information

General Liability – Advantage Gold Realty, Inc. **MUST BE** listed as an additionally insured

Insurance Company _____ Phone _____

Worker's Comp - or Independent Contractor Statement (see attached)

Insurance Company _____ Phone _____

Please note:

- Checks will not be cut if proper insurance coverage is not in place and current at the time work is performed and checks are processed.
- Your company will receive a yearly 1099 for service provided.
- Submit a completed IRS Form W-9.
- Provide proof of General Liability and Worker's Compensation insurance. Failure to maintain General Liability & Workman's Comp Insurance will prevent our office from utilizing your company.
- Advantage Gold Realty, Inc. processes all invoices on the 1st of every month and mails out payments on the 10th of the month. In an effort to process payments as quickly as possible please have all invoices submitted to our office no later than the 30th of each month.

