

# Vendor Information Cover Letter

Dear Association Vendor:

Avalon Management and the clients we represent appreciate the services you will provide and the ongoing business relationship we share.

Our Company's policy requires that all vendor or contractors with whom our clients do business supply us with information concerning their operations. This policy is in accordance with state and federal regulations, as well as good business practices regarding licensing, insurance and taxes.

# In order to receive payment on any submitted invoices, we must have the following information on file:

- 1. Completed Vendor Information Sheet.
- 2. Executed Indemnification and Agent Relationship Form
- 3. Executed SB 198 Compliance Form.
- 4. Completed W-9 form for Federal Tax ID or Social Security Number.
- Certificate of Workers Compensation Policy and expiration date. (Note: If you are selfemployed and are not required to carry Workers Compensation, please complete Self-Employed form and note accordingly on form.)
- 6. An original Certificate of Liability Insurance. With coverage of at least \$1,000,000 (\$3,000,000 for security companies) naming The Avalon Association Management Group, Inc. and the Association you are providing services for as additional insured. This original certificate should also give the expiration date of the policy. We must receive a 30-day notice of cancellation.
- 7. Copy of your Contractors License and expiration date (If applicable).

All documentation must be received in our office prior to your commencing services at any property.

After initial set-up documentation, please see that the documentation is kept current at all times (e.g. current certificate of insurance, contractor's license, etc.) If the new documentation is not received by the expiration date, this may result in immediate termination of services.

We thank you in advance for your cooperation and assistance!

## Packets must be completed and submitted via email as a <u>single PDF document</u> to Ap@AvalonWeb.com.

Sincerely,

Avalon Management

Dear Vendor:

In August 1983 Congress passed the Interest and Dividend Tax Compliance Act of 1983 which states in part, "A person engaged in a trade or business must file an information return for certain payments that he makes to others during a calendar year in the course of his trade or business." Where a 1099 is required to be filed by a payor, the payor will be required to withhold on the payment unless an identification number is acquired from the payee. This amounts to **31%** withheld on payments made to you if we do not receive this information.

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning this letter to Avalon Management.

COMPANY NAME:							
MAILING ADDRESS:							
CITY, STATE & ZIP:							
PHONE/FAX:							
EMAIL/ WEBSITE:							
BUSINESS/SERVICE TYPE:							
SUPPLIER ONLY? (Will not be or	premises)	Yes		No			
CONTRACTORS LICENSE NUMBER/EXPIRATION DATE:							
Are you a Corporation?		Yes		No			
Are you subject to backup With	nolding?	Yes		No			
FEDERAL TAX ID NUMBER:							
If you are filing your tax return u	using a Social Security	Numbei	r, please	e provi	de the follov	wing inforr	nation:
SOCIAL SECURITY #:							
FIRST AND LAST NAME YOU FILE UNDER:							
I attest that the above informat	ion is true and comple	ete to th	e best o	f my k	nowledge:		
Signed:							
Dated: / /							

# INDEMNIFICATION AND AGENT RELATIONSHIP

The	(vendor/contractor) shall indemnify the Owner of
the property and The Avalon Association Management Gr	roup, Inc. (Avalon), and save them harmless from and
against any claim, loss, liability, and expense (including at	torneys' fees and court costs) incurred by Owner or
Avalon arising out of damage to property or injury to, or o	leath of, persons (including the property and personnel
of the parties hereto and their agents, subcontractors, an	d employees) arising out of, or in connection with, the
negligent acts of	(vendor/contractor) and further agrees and
understands that Avalon is not the Owner of the property	<pre>where the vendor/contractor is providing service or</pre>
supplies and is merely acting as Agent for Owner. Vendor	/Contractor/ agrees Agent is not responsible in any
capacity for the financial obligations of the Owner.	

Agreed to:

SIGNED:	 	
PRINT NAME:	 	
TITLE:	 	
COMPANY:	 	
DATE:	 	

RE: S8 198 Safely Plan

Dear Vendor/Contractor:

As you are aware, Senate Bill 198 required that all employers develop a safety plan. That plan was to be finalized and operational as of July 1, 1991.

In an effort to comply with the law and its many facets, we are required to have in our files a certification from each vendor/contractor that we deal with that indicates that they have an active safety plan in compliance with SB 198.

Because we are concerned with safety and because we are certain that you are as well, please sign below to certify that you have complied with all of the provisions of SB 198.

We need to have this letter returned to our office before any payments can be made for your services.

Thank you.

I certify that our company has compiled with all the provisions of SB 198 and can provide a copy of the written plan (required of companies with 50 or more employees) or outline of verbal plan (required of companies with 10-50 employees) to Avalon upon request.						
Certified by:						
	(Signature)					
Print Name:						
Title:						
Company:						
Date:						

Dear Vendor/Contractor

If you are self-employed and are not legally required to carry workers compensation, please execute the certification below and return to our office.

Please note that all corporations \*must\* have workers compensation.

Sincerely,

Avalon Management

Self Employed Certification and Agreement							
I certify that I am self-employed, have no employees and I am not legally required to carry workers compensation. I agree that if this status ever changes I will obtain the required coverage prior to performing or providing any services and update you with a new form immediately. I agree that if I misrepresent any facts regarding my self-employment status I will be responsible for any and all costs incurred by Avalon and/or the owner of the property I am performing services for as a result of such misrepresentation, including but not limited to payment of premiums.							
Company:							
By:	(Please Print)						
Signature:							
Title:							
Date:							

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above			
Print or type. Specific Instructions on page 3.	following seven boxes.   Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)		
	LLC if the LLC is classified as a single-member LLC that is disrogarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)		
eci	□ 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 instructions. Requester's name an	nd address (optional)		
0)	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	t I Taxpayer Identification Number (TIN)			
backu reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s. it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	ırity number		

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

#### Certification Part II

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 Here	Signature of U.S. person ►	Date ►
--------------	-------------------------------	--------

# 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 taxpaver 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)

- 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)
- 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.

ACORD <sup>®</sup> EXAMPLE COPY CERTIFICATE OF LIABILITY INSURANCE								
ACORD <sup>®</sup> CERT	ΓIFIC	ATE OF LIA	BIL	.ITY IN	ISURA	NCE	DATE	(MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	IVELY OR SURANCE	R NEGATIVELY AMEND, DOES NOT CONSTITU	, EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	<b>POLICIES</b>
IMPORTANT: If the certificate holder the terms and conditions of the policy, certificate holder in lieu of such endors	, certain p	olicies may require an e						
PRODUCER			CONTA NAME:			FAX		
EXAMPLE CI	TDT		PHONE (A/C, No E-MAIL	o, Ext):		(A/C, No	o):	
$\begin{bmatrix} \mathbf{L} \mathbf{A} \mathbf{W} \mathbf{I} \mathbf{L} \mathbf{L} \mathbf{C} \mathbf{I} \\ \mathbf{U} \mathbf{V} \mathbf{I} \end{bmatrix}$		IFICATE	ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #	
INSURED OF INSURA		ч <b>Е</b>	INSURE					
INSURED OF INSURA	TINC	$\mathbf{\Sigma}$						
			INSURE					
			INSURE	ERE:				
		ENUMBER:	INSURE	:R F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES			VE BEE	N ISSUED TO		<b>REVISION NUMBER:</b> D NAMED ABOVE FOR	THE POL	ICY PERIOD
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAIN, <sup>·</sup>	THE INSURANCE AFFORD	DED BY	THE POLICIES	S DESCRIBEI	D HEREIN IS SUBJECT		
INSR LTR TYPE OF INSURANCE	ADDL SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	NITS	
						EACH OCCURRENCE DAMAGE TO RENTED	\$	
COMMERCIAL GENERAL LIABILITY						PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
		<b>TTENTIC</b>	<b>W</b>	•		PERSONAL & ADV INJURY	\$	
	4 •		/			GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:	TI	Verbiaga				PRODUCTS - COMP/OP AGO		
POLICY PRO- JECT LOC	Ine	Verbiage o	<u>)n y</u>	our ce	runca	I COMBINED SINGLE LIMIT	\$	
		st motoh thi			1 1 1	(Ea accident) ,BODILY INJURY (Per person)	\$ ) \$	
ALL OWNED SCHEDULED	IIIu	st match thi	.S C2	Campi	e. Any	BODILY INJURY (Per accider		
AUTOS AUTOS NON-OWNED AUTOS AUTOS	oer	tificates sub	mi	tted th	at do	PROPERTY DAMAGE (Per accident)	\$	
UMBRELLA LIAB		llillans suc	ЛШ		aiuu		\$	
EXCESS LIAB CLAIMS-MADE	not	match will	he	cent h	ack	EACH OCCURRENCE	\$	
DED RETENTION \$					aun		\$	
WORKERS COMPENSATION	and	l pending pa	avn	nents y	wi11	WC STATU- TORY LIMITS EF		
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		uyII			E.L. EACH ACCIDENT	\$	
(Mandatory in NH)	be	held.				E.L. DISEASE - EA EMPLOYI		
DÉSÉRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	Т \$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	s required)	-		
	A 1			1 1 1	1.1.2	1 · 1		
(Association Name) and	Avalo	n Management a	are in	cluded a	is additio	onal insured.		
Workers Compensation to inc	clude W	aiver of Subrogatic	on in f	favor of (A	ssociatio	n Name) and Ava	lon Ma	anagement
Workers Compensation to include Waiver of Subrogation in favor of (Association Name) and Avalon Management.								
CERTIFICATE HOLDER CANCELLATION								
(Association Name) and Avalon Management Group 31608 Railroad Canyon Rd.			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Canyon Lake, CA 92587		<b>_</b>	AUTHORIZED REPRESENTATIVE					

ACORD 25 (2010/05)

© 1988-2010 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



January 9, 2017

# **INVOICE SUBMISSION GUIDELINES**

Invoices can be submitted in one of two ways:

## 1. Email to: ApScan@AvalonWeb.com

\*Please be advised that this is an unattended email account for the submission of invoices only. If you have questions about an invoice please contact our accounts payable department via email at: ap@AvalonWeb.com

#### **Important Notice for Email Submissions:**

- Your invoice should be submitted as a type written black and white PDF document and should be separated by Association.
- Each PDF should contain your invoice along with any and all applicable back up documentation, such as a work order (within the same PDF). Each PDF will be treated as a separate invoice.
- Quickbook Users: Please note that if you are submitting invoices from within Quickbooks, your invoice has a high chance of being rejected as Quickbooks sends invoices out from the email address: "donotreply@intuit.com" which is often marked as spam, and we cannot send a confirming email back to you. It is strongly suggested that you send invoices from an email that we can send a confirming email to.

## 2. Mail invoices to our payables lockbox at:

{Name of Association} c/o Avalon Management AP Dept PO Box 4579-Dept 104 Houston, TX 77210-4579

To expedite the payment process, a completed association issued work order must be submitted along with the invoice. We <u>do not</u> pay from faxes or statements. Failure to comply will result in delayed payment processing.

If an invoice has been returned to you for incorrect submission/ missing documentation, please apply revisions as necessary and resubmit the full invoice, including any back up documentation (such as work orders) either via <a href="mailto:apscan@avalonweb.com">apscan@avalonweb.com</a> or via mail.

It is important that these guidelines be followed, our goal is to process and pay all invoices in a timely manner! Should you have any questions regarding invoice submission or payment processing, please do not hesitate to contact me. My contact information can be found on the header of this page.

Thank you,

Amanda Wardlaw Accounts Payable Department Manager