



PMI PRIME PROPERTY SERVICES

VENDOR APPLICATION AND PAPERWORK

Vendor Policy Manual Receipt Acknowledgement

I acknowledge having read the PMI Prime Property Vendor Policy Manual. I understand that this Manual is not intended to be a contract but is provided as a general explanation of policies, which the Company uses as guidelines. I further understand that the Company reserves the right to change or modify the terms and conditions set forth at its discretion without prior knowledge by Vendors.

Revisions to the PMI Prime Property Vendor Policy Manual will be available at www.pmiprimeproperty.com and Vendor should review the document from time to time

Company Name: _____

Individual Name: _____

Signature: _____

Date Signed: ____/____/____



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VENDOR APPLICATION EVERY SECTION MUST BE COMPLETE IN ORDER TO BE PROCESSED

Company Name: _____

Individual Name: _____

Mailing Address: _____

(Address Line 2): _____

City, State, Zip: _____

Office Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail _____ Your Birthdate: ____/____/____

Type of Business or Service Provided: _____

What type of work do you or your company do? _____

What counties do you service? _____

Please answer all the following:

Can you receive timely work order and estimate requests through e-mail? Yes / No

Do you have a city business license? Yes / No

Do you have a contractor license with DPOR:..... Yes / No

If yes, what is your license type and license #: _____

Do you have a current Business Liability Insurance Policy? Yes / No

If yes, what company are you insured with and how much coverage do you have? (Submit declaration page with this application.) _____

Do you have employees?..... Yes / No

Do you use other licensed contractors?..... Yes / No

Do you have a current Workers Compensation Insurance Policy? Yes / No

If yes, what company are you insured with and how much coverage do you have? (Submit declaration page with this application.) _____



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Do you authorize a credit check to be run on yourself and/or your company as part of this approval process? Yes / No

Do you agree to a drug-free policy for yourself, any employees, and subcontractors? Yes / No

Do you have a valid driver’s license, adequate insurance, and a reliable and suitable vehicle? Yes / No

Do you currently work for any other property management companies? Yes / No
If yes, who are they? _____

Have you ever been sued by a person who hired you for contracting services? Yes / No

Have you ever sued or threatened to sue anyone you performed work for? Yes / No

References

Reference Name	Relationship	Phone #

Scheduling / Communication:

Preferred phone number: _____ Mobile / office

Preferred email address: _____

Contact Name (if applicable): _____

Hours: _____

I attest that the above information is true and complete, and I authorize PMI Prime Property to verify all information contained in this application.

Printed Name: (Name & Title) _____

Signature: _____

Date: _____

Return completed form to: PMI Prime Property, PO Box 268, Morristown, New Jersey 07963

VENDOR INFORMATION WORKSHEET

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning it to PMI Prime Property.

Company Name: _____

Individual Name: _____

Should bills paid to you be paid to the Company or Individual Named above? Company / Individual

If bills are to be made to the Company Name, provide the Company FEIN here: ____ - _____

If bills are to be made to the Individual name, provide your SSN here: _____ - _____ - _____

First and Last Name You File Under: (please print) _____

Mailing Address: _____

(Address Line 2): _____

City, State, Zip: _____

Type of Business or Service Provided: _____

Are you a Supplier Only (will not be on premises): Yes ____ No ____ (Check one)

Contractor's License Name _____ Contractor State License Number _____

Will you be providing services on-site? Yes ____ No ____ (Check one)

Are you a corporation? (Inc, not LLC) Yes ____ No ____ (Check one)

Are you subject to backup withholding? Yes ____ No ____ (Check one)

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: (Name & Title) _____

Signature: _____ Date: ____/____/____

Return completed form to: PMI Prime Property, PO Box 268, Morristown, NJ 07963

Workers Compensation Insurance Waiver

Dear Vendor, If you are self-employed with no employees and you are not required to carry workers compensation, please execute the certification below and return to our office.

I certify that I am self-employed and not required to carry workers compensation coverage.

Company Name: _____

Individual Name: _____

Mailing Address: _____

(Address Line 2): _____

City, State, Zip: _____

Type of Business or Service Provided: _____

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: (Name & Title) _____

Signature: _____

Date: _____

Return completed form to: PMI Prime Property, PO Box 268, Morristown, NJ 07963

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Requester's name and address (optional)
 PMI Prime Property Services
 5 Maple Avenue
 Morristown, New Jersey 07960

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

or

Employer identification number									

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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)
- 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? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.