

IF THIS IS A NEW VENDOR SET-UP, THIS FORM MUST BE COMPLETED, WITH APPROPRIATE APPROVALS AND SENT TO ACCOUNTING **PRIOR TO ANY WORK OR SERVICES BEING DONE.**  
**PLEASE NOTE: NO CHECKS WILL BE ISSUED WITHOUT A W-9 AND PROPER SET UP.**

COMMUNITY(S): _____			
NEW	UPDATE	VENDOR CODE: _____	<i>*(Completed by Accounts Payable if for a new vendor)</i>
NAME: _____			
ATTENTION: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
PHONE NUMBER: _____		CELL NUMBER: _____	FAX NUMBER: _____
EMAIL: _____		TAX ID or SOCIAL SECURITY # _____	
WILL VENDOR PERFORM WORK OR MAKE DELIVERIES ON SITE? _____ <i>*(If YES, please provide copies of the current Certificates of Insurance or the Hold Harmless Agreement signed by the Board.)</i>			
INSURANCE EXPIRATION DATES:		COMPANY LEGAL TYPE:	
General Liability: _____		Sole Proprietor	Partnership
Workers Compensation: _____		S Corp (Inc.)	LLC
Auto: _____		C Corp (Inc.)	None
General Release: _____			
If NO, what payment is being made to vendor:			
Facility deposit refund	Activity refund	Homeowner/Board reimbursement for supplies	
Online purchase	Items to be picked up	Legal vendor	
Other (specify): _____			
Early Payment Discount:	Yes	No	_____ % Saved _____ Days to Make Payment
1099 Required:	Yes	No	<b><u>*For use by Accounts Payable ONLY</u></b>

I certify that to my knowledge, neither I nor any member of the community staff have a direct or indirect financial interest or relationship in or with this vendor. In the case of possible conflict, I have made the Board of Directors and RealManage aware of the relationship.

\_\_\_\_\_  
COMMUNITY MANAGER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCOUNTS PAYABLE

\_\_\_\_\_  
DATE ENTERED