

This form must be submitted to the property where vendor will be working, along with all required attachments, before work is started or order is placed. Payment will not be made until all required forms are on file with the Price Brothers Management Corporate Office.

Vendor Name (must match SS# or Federal ID #):			Vendor Address:			
Telephone Number:			City:		State:	Zip:
Fax Number:			Vendor Contact Name:			
Email Address: (strongly encouraged)			Federal ID # or Social Security #:			
Business Structure: (Check One)	n 🗖	Partners	hip LP	С	LLC	LLP
☐ Individual (Sole Proprietor) ☐ Other						
Sales or Use tax should be charged on all purchases. Verify the State(s) in which the Vendor will charge sales tax.						
Vendor Sales Tax State: (Check One) ■MO ■KS ■TX	ζ		State Sales Tax I	Number:		
All service vendors must maintain insurance coverage. Proof of Insurance (Insurance Binder) must be attached to this form. It is required that "Price Brothers Management Company and its Successors and/or Assigns as their interests may appear" is named as Additional Insured and that this information shows in the Additional Insured/Certificate Holder box on the Evidence of Insurance form. Minimum Insurance Limits are as follows: Workers Compensation Coverage \$500,000 per occurrence. General Liability Coverage \$1,000,000 each occurrence and \$2,000,000 general aggregate. Auto Liability Coverage with a combined single limit of \$1,000,000 per accident.						
Fair Housing Agreement, signed		Indemnification Agreement, signed				
W-9 Form		Proof	Proof of Insurance as noted above			

REQUIRED: Briefly describe services/products vendor offers and why same cannot be obtained from an active vendor						
New Vendor Requested By Property Name:			Date:			
Submitted By:			Position:			
A						
Approval Signatures Property Manager:			Date:			
District Manager:			Date:			
Corporate Office:			Date:			
Corporate Office Section Required For LLCs, Partnerships & Corporations: Certificate of Good Standing(COGS)						
In Good Standing?: (Check One) □YES □NO			OFAC Results?		□YES	□NO
State:			COGS #:			
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