

GHERTNER & COMPANY



50 VANTAGE WAY, SUITE 100, NASHVILLE. TN 37228 (615) 258-8531 FAX (615) 259-4540 www.ghertner.com

Dear Vendor,

Ghertner & Company is a professional real estate management company. We take pride in our excellent services and look forward to utilizing your quality services to the benefit of the communities we manage.

Our payment policy requires all of our vendors to carry effective general liability (minimum of \$1,000,000), automotive liability, and workman's compensation liability coverage prior to performing services. Please have your insurance company fax us proof of insurance, and please have the policy holder list Ghertner & Company as an additional insured. Upon renewal, your insurance company will forward your new policy to us, avoiding delays in payment. Please note: it is the vendor's responsibility to provide evidence of current policy information upon renewal. Your policy will be periodically checked through the Coverage Verification Service of the State of Tennessee's website to ensure it is still in effect at the time of service.

Renovation, Repair and Painting Rule

Effective April 10, 2010, the EPA requires contractors who perform work that disturbs paint in housing built prior to 1978 to be certified. This may include, but is not limited to: general contractors, special trade contractors, including painters, plumbers, carpenters, and electricians.

If your services include repairs or renovations that are required to conform to the EPA's RRP Rule, a copy of your company's Certified Firm Certificate is required.

Please complete the W-9 included in this packet but be aware that your company will only receive a 1099 each year in the event that you are not incorporated. Also, please complete the attached vendor application and review our vendor payment policies.

Once you are finished filling out the attach forms, please send it to us in PDF form by email to vendors@ghertner.com.

We look forward to working with you! Do not hesitate to contact us with any questions or concerns.

Revised 8/1/2019



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Vendor Policies

- Please consider the Property Manager your main contact.
- ❖ The Property manager will determine the scope of work to be performed. Do not complete additional repairs unless you contact the Ghertner property manager and receive explicit permission for the additional services.
- ❖ All invoices must be submitted with an invoice number, the name of the property requesting your services, and the exact location on the property where the work was completed.
- Separate invoices must be submitted for each property.
- All invoices are reviewed and approved by the property manager or apartment manager assigned to that property before submitting to Accounting for payment. Invoices are processed for payment by Accounting only after they are approved.
- Please do not submit duplicate invoices.
- ❖ Ghertner & Company does not issue checks for "Statements" sent by vendors. We pay from approved invoices only.
- ❖ Once your invoice received by Accounting, you should expect your check to be issued within 15 days. Please note that exceptions may occur if the work is found to be faulty or incomplete upon inspection.
- Please be aware that no employee of Ghertner & Company may solicit or accept gifts of significant value (over \$25), entertainment, or other benefits from potential and actual vendors.
- ❖ Please send you invoices by email to <u>ghertnerinvoices@payableslockbox.com</u> in <u>PDF</u> form <u>one invoice</u> per email. If you can't email, please mail invoices to "Association Name", c/o Dept. 457- Ghertner & Co, PO Box 4579, Houston, TX 77210-4579.

Revised 8/1/2019

New Vendor Application

Name:					
Business Name:					
Business Address:					
Email Address:					
Phone:			Fax:		
Business Type:		Individual/Sole Proprieto	r	Partnership/LLC	
(Please check one)		Corporation		Other (Specify)	
Federal Tax ID#:			-		
Social Security #:			-		
Services Provided:					
Are you a Contractor:	Yes	No			
	(If yes, please	provide copy of contract	ors license.)		
Do you have a Business License:		Yes	No 		
		(Please provide copy of Business License)			
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Make Checks Payable t	ហេរ				

Required Insurance Information

(Copies of cerficates must be mailed or faxed by the Insurance Carrier)

Insurance Type	Insuranc Carrier	Certificate #	Coverage Dates	
Workers Comp				
Gen Liability				
Automobile Liability				

Forto (Rev. October 2007) Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

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2	Name (as shown on your income tax return)		•				
	Business name, if diliarent from above						
	Check appropriate box: Individual/Sole propriator Corporation Partnership United liability company. Enter the tax classification (D=disregarded entity, G=comporation, P=f Other (see instructions) ►	*****	□ Exempt payee				
Print of Instruction	Address (number, street, and apt. or suite no.) Request			er's name and address (optional)			
Specifi	City, state, and ZIP code			المتارسة في المتارسة والمرارسة والمرارسة والمتارسة والمتارسة والمتارسة والمتارسة والمتارسة والمتارسة والمتارسة			
See	List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)						
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to backup withholding. For individuals, this is your social security number (SSN). However, for a retailon, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entiting your employer identification number (EIN). If you do not have a number, see How to get a TIN or Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose				or Or dentification number			
Par	er to enter.		L				
	ponalties of perjury, I certify that:						
1. Th 2. a Re	ie number shown on this form is my correct taxpayer identification number (or I am wall am not subject to backup withholding because: (a) I am exempt from backup withholding evenue Service (IRS) that I am subject to backup withholding as a result of a failure to re orbified me that I am no longer subject to backup withholding, and	nor (h) [hav	สดคนี โดก ค	notitied by the internal			
3. 10	am a U.S. cilizen or other U.S. person (defined below).	IDO Hard year	ne sussent	tu aublant la bankun			
Withhor m	ideation Instructions. You must cross out item 2 above if you have been notified by the olding because you have failed to report all interest and dividends on your tax return. Fo lortgage interest poid, acquisition or abandonment of secured property, cancellation of co- gement (IRA), and generally, payments other than interest and dividends, you are not reco- tio your correct TiN. See the instructions on page 4.	eht contribu	tions to an	Individual retirement			
Sign	U.S. person ►	Dato 🕨					
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to ap IRA. contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TtN to the person requesting it (the requester) and, when applicable, to:

- 1. Cartify 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For for considered a U.S. person if you are:

- · An Individual who is a U.S. citizen or U.S. resident allen,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

. The U.S. owner of a disregarded entity and not the entity,