

Vendor Document Request and Agreement

Thank you for your interest in doing business with _____ (hereinafter "Association") and Alliant Property Management, LLC (hereinafter "APM"). As a condition to conducting business with the Association and APM, you are required to execute this Agreement and submit the requested documents to APM at the management office of the Association.

Vendor agrees as follows; it is:

| SUPPLIER | PERFORMING WORK | PROFESSIONAL |
|---|--|---|
| <p>Documents needed:</p> <ul style="list-style-type: none"> • This Agreement • W-9 Form • Copy of Business Tax Receipt • Copy of DBPR License (If required by the State of Florida) | <p>Documents needed:</p> <ul style="list-style-type: none"> • This Agreement • W-9 Form • General Liability Certificate of Insurance • Worker's Comp. Certificate of Insurance • Copy of Business Tax Receipt • Copy of DBPR License (If required by the State of Florida) | <p>Documents needed:</p> <ul style="list-style-type: none"> • This Agreement • W-9 Form |

Vendor agrees to the following:

INSURANCE REQUIREMENTS (if applicable):

- Certificates of Insurance must be on form # ACORD 25 (2016/03) or (2014/01). Any other versions of this form are invalid and will not be accepted.
- Certificate Holder must appear as:

 Name of Association, and Alliant Property Management, LLC

- The minimum requirement for General Liability coverage for APM and Association is \$1,000,000
- The minimum requirement for Worker’s Compensation coverage for APM and Association is \$500,000.
- Association and APM as Certificate Holders must be added as additional insured on all liability policies.
- The Insurance Certificate must show subrogation waiver on behalf of Association and APM for all liability and worker’s compensation policies. Please see the attached Certificate of Insurance Example for guidance.
- In the event that Vendor and Association have a written agreement that contains no insurance requirements, conflicts with the foregoing insurance language, or no written agreement exists between the Association and Vendor, the following insurance language shall control “Vendor shall cause Association and its property manager, APM, to be included as additional insureds on a primary and non-contributory basis on all of its commercial general liability insurance policies (both primary and excess/umbrella). Vendor’s insurers shall not seek contribution from the Association’s insurers or its property manager’s insurers. Vendor’s insurers shall waive their right to subrogation against Association and its property manager and their insurers.”

No Work can commence until this Agreement and all required documents are received and approved by APM Please add us to your distribution list whenever your policies renew or change.

If you have any questions or unable to comply with this request, please do not hesitate to contact me.

Sincerely,

 Property Manager, Alliant Property Management, LLC

The foregoing terms, conditions and requirements are understood and agreed to by _____.
Vendor Name

 Vendor Signature

 Date



To whom it may concern:

Alliant Property Management utilizes Strongroom to process accounts payable invoices. Please follow the instructions below to forward invoices directly to Strongroom.

Strongroom will only accept invoices in PDF format. JPGs, PNG, Excel, Word, HTML, Doc., or emails with links to download the invoices are NOT ACCEPTABLE formats and will not be uploaded into Strongroom. **PDF DOCUMENTS ARE THE ONLY ACCEPTABLE FORMAT WHICH CAN BE SUBMITTED.**

Accounts payable can only be paid from an invoice. Statements, estimates and proposals will not be accepted and can **delay the issuance of payment for goods/services.**

To process accounts payable, the **Association** for which the goods/services is provided must be clearly stated i.e., "" **Association Name, c/o Alliant Property Management**" MUST BE the format in which you submit your billing. **Do not abbreviate the name of the association for which you are submitting an invoice. The data entry personnel at Strongroom do not recognize abbreviations. Failure to comply with this format, can delay or negate your request for payment.**

Invoices in PDF format can be forwarded to: alliantinvoices@payableslockbox.com. It is not necessary to include any additional information in the email or in the subject line. If you receive an invoice via email, it can be forwarded directly to the alliantinvoices@payableslockbox.com email.

More than one pdf can be attached to the email; however, "EACH" pdf needs to be its own separate invoice. Five invoices cannot be sent as one attachment. Five invoices would require five separate pdf files to be attached to the email. Do not send the same invoice multiple times. If you are concerned about the receipt of the invoice, you can contact the Accounts Payable team at Alliant's office to confirm.

The regular/postal mail address for invoices:

"Association Name"

Dept 567 – Alliant Property Management LLC

PO Box 4579

Houston, TX 77210-4579

We have attached a slide to provide your company with multiple payment options.

If you have any questions, please feel free to contact our offices at 239-454-1101.

Best Regards –

Alliant Property Management Accounts Payable

13831 Vector Avenue
Fort Myers, FL 33907
Office: 239-454-1101
Fax 239-454-1147

The Team Approach To Association Management
Visit the Alliant web site: www.alliantproperty.com

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. | Name (as shown on your income tax return) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| List account number(s) here (optional) | | |

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

| 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).

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 4.

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

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 an IRA.

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

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.

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 federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- 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 a partner is a foreign person, and pay the withholding tax. 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 income.

