



We are pleased to welcome you as a new vendor. This letter is to assist you in understanding our policies and procedures for ensuring timely payment of your invoices.

Vendor Requirements:

To be set-up as an approved vendor in our system and be paid, the following items need to be submitted:

- ✓ New Vendor Application/Information (Attached)
- ✓ W-9 Form (Attached)
- ✓ Certificate of Insurance (Sample Attached)
- ✓ Direct Deposit Agreement (This will be our preferred method of payment.)
- ✓ Vendor Agreement (Sent Separately)

These documents should be submitted by email to: vendors@creativecorp.com

Work Order Dispatch:

Work orders will be dispatched via email to the email address you specify. Please confirm acceptance once it is received with an anticipated schedule date. Please follow instructions as outlined on each work order/estimate request. Please do not discuss pricing or try to obtain bid/work approval from the location as all approvals will come from Creative directly.

Invoice Submission Requirements:

As part of our effort to be green, improve efficiency and to reduce both your costs and ours, we require invoices be sent by email and within 7 days of the service date. Before and after pictures are also requested if available. These items should be sent to the following email address: ap@creativecorp.com. The Creative Construction job# needs to be referenced on all emails/invoices/correspondence for proper routing. Invoices will be paid on 30-day terms from the date the invoice email is received.

If you have any questions, please reach out to the ap manager by email at ap@creativecorp.com or phone at 888-566-2780.

Thank you,
Sharon Cantrell
Chief Financial Officer
sharonc@creativecorp.com
888-566-2780



Vendor Direct Deposit Agreement

I, _____ authorize Creative Construction & Facilities Corp to deposit payments automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payment entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Creative Construction & Facilities Corp a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Please specify if this is a business or personal account: _____

Email address for remittance/payment information: _____

Company Name: _____

Company Address: _____

Signature: _____

Name and Title: _____

Date: _____

PRODUCER

Name:
Address:
City, State & Zip:

Phone: _____ Fax: _____

INSURED

Name of Contractor:
Address:
City, State & Zip:

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Insurance Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

SIR May Apply

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL OF THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN HAVE BEEN REDUCED Y PAID CLAIMS. LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	ADD'L INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS					
A		GENERAL LIABILITY	P12345	1/1/20XX	1/1/20XX	EACH OCCURRENCE	\$1,000,000				
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)					
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)					
						PERSON & ADV INJURY					
						GENERAL AGGREGATE	\$2,000,000				
						PRODUCTS-COMP/OPP AGG					
		GEN'L AGGREGATE LIMIT APPLIES PER:									
		POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>									
A		AUTOMOBILE LIABILITY	P12345	1/1/20XX	1/1/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000				
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)					
		<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)					
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per Accident)					
		<input checked="" type="checkbox"/> HIRED AUTOS									
<input checked="" type="checkbox"/> NON-OWNED AUTOS											
		GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT					
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AUTO ONLY: _____ AGG					
A		EXCESS/UMBRELLA LIABILITY	P12345	1/1/20XX	1/1/20XX	EACH OCCURRENCE					
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE					
		<input type="checkbox"/> DEDUCTIBLE									
		<input type="checkbox"/> RETENTION \$									
		WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				P12345	1/1/20XX	1/1/20XX	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	Statutory
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT	\$100,000	
If yes, describe under SPECIAL PROVISIONS BELOW	E.L. DISEASE – EA EMPLOYEE	\$500,000									
OTHER	E.L. DISEASE – POLICY LIMIT	\$100,000									

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*30 day notice of cancellation except 10 day notice for non-payment of premium.

Creative Construction & Facilities Corporation are named as additional insured under the General Liability and Auto Liability per the attached endorsements. Coverage is primary and Non Contributory per the attached endorsements. Waiver of subrogation applies under the General Liability, Auto Liability and Workers Compensation per the attached endorsements for All California Operations.

CERTIFICATE HOLDER

Creative Construction & Facilities Corporation
7726 N 1st St #350
Fresno, CA 93720
vendors@creativecorp.com

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAKE _30_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy (ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.