

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: <a href="mailto:ap@creativecorp.com">ap@creativecorp.com</a>. 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,deposit payments automatically to the reverse a deposit for any payment en remain in effect until I cancel it in writ Facilities Corp a reasonable opportur	e account indicated below an itry made to my account in er ing and in such time as to aff	d, if nece ror. This	essary, to adjust or authorization will
Name on bank account:			
Bank account number:	Che	ecking	Savings
Bank routing number:			
Please specify if this is a business or	personal account:		
Email address for remittance/paymen	nt information:		
Company Name:			
Company Address:			
Signature:			
Name and Title:			
Date:			



# **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	I Name (as snown on your income tax return). Name is required on this line, do not leave this line blank.									
	2 Business name/disregarded entity name, if different from above									
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.    Individual/sole proprietor or   C Corporation   S Corporation   Partnership	cert	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
	single-member LLC					Exempt payee code (if any)				
ty p	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	_			_					
Print or type	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					Exemption from FATCA reporting code (if any)				
eci	☐ Other (see instructions) ▶		(Appli	(Applies to accounts maintained outside the U.S.)						
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's nar	ne and a	ddress (op	tional	)				
See										
0,	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par										
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	0.0	security	ecurity number						
	up withholding. For individuals, this is generally your social security number (SSN). However, the sent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	or a	_	-	_					
entitie	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a			]	$\Box$				
TIN, la	ater.	or								
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and Emplo	yer ident	r identification number						
Numb	per To Give the Requester for guidelines on whose number to enter.		1 _1							
Par	t II Certification									
Unde	r penalties of perjury, I certify that:									
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	) I have not bee	n notifie	d by the	Inter					
3. I ar	n a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	na is correct.								

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,

other than	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 for Part II, later.							
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>						

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

								_
1	1 <i>CC</i>	<i>PRD</i> , CERTIFICA	TE OF LIABI	LITY I	NSU	IRANCE	1	<b>Date</b> 1/05/2009
Nar Ado	dress:	e & Zip:			ONLY	AND CONFERS NOTERS. THIS CERTIFI	SUED AS A MATTER OF I O RIGHTS UPON THE CER CATE DOES NOT AMEND AFFORDED BY THE POL	RTIFICATE , EXTEND OR
	ne:	Fax:			INSHE	RERS AFFORDING	COVERAGE	NAIC #
INSU		гах.			INSURE			NAIC#
					INSURE	ER B:	, ,	
_	ne of ( dress:	Contractor:			INSURE			
		e & Zip:			INSURE			
CO	VERAG	ES					SIF	R May Apply
RE MA	QUIREN Y PERT	CIES OF INSURANCE LISTED BELOW HAMENT, TERM OR CONDITION OF ANTAIN, THE INSURANCE AFFORDED BY TAGGREGATE LIMITS SHOWN HAVE BEE	Y CONTRACT OR OTHER THE POLICIES DESCRIBED I	DOCUMENT HEREIN IS SU	WITH F	RESPECT TO WHIC	H THIS CERTIFICATE MAY	BE ISSUED OR DITIONS OF SUCH
INSR LTR	ADD'L INSR D	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF DATE (MM/I		POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
Α		GENERAL LIABILITY	P12345	1/1/20	XX	1/1/20XX	EACH OCCURRENCE	\$1,000,000
		X COMMERCIAL GENERAL LIABILITY  CLAIMS MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person	
							PERSON & ADV INJURY	
							GENERAL AGGREGATE	\$2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS-COMP/OPP AGG	
		POLICY PRO- JECT LO C						
Α		ANY AUTO	P12345	1/1/20	XX	1/1/20XX	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		X ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	
		X HIRED AUTOS X NON-OWNED AUTOS					BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per Accident)	
		GARAGE LIABILITY					AUTO ONLY – EA ACCIDENT	
		ANY AUTO					OTHER THAN EA ACC AUTO ONLY: AGG	
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	
		OCCUR CLAIMS MADE					AGGREGATE	
		DEDUCTIBLE						
		DEDUCTIBLE RETENTION \$						
Α		WORKERS' COMPENSATION AND	P12345	1/1/20	XX	1/1/20XX	X WC STATU- OTH-	Statutory
		EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	\$100,000
		OFFICER/MEMBER EXCLUDED?  If yes, describe under					E.L. DISEASE – EA EMPLOYEE	\$500,000
		SPECIAL PROVISIONS BELOW					E.L. DISEASE – POLICY LIMIT	\$100,000
		OTHER						
*3 Cı en	0 day no reative C dorseme	A OF OPERATIONS / LOCATIONS / VEHICLES / Edite of cancellation except 10 day notice for nonstruction & Facilities Corporation are namedents. Coverage is primary and Non Contribuato lity and Workers Compensation per the attache	on-payment of premium.  d as additional insured under the ry per the attached endorsements	General Liabili s. Waiver of sub	ity and Aut	to Liability per the attac		
		ATE HOLDER			CANCE	ELLATION		
Cr		onstruction & Facilities Corporation			SHOULD A DATE THE NOTICE T	ANY OF THE ABOVE DESCI EREOF, THE ISSUING COM O THE CERTIFICATE HOLD	RIBED POLICIES BE CANCELLED BEF PANY WILL ENDEAVOR TO MAKE _30 DER NAMED TO THE LEFT, BUT FAILU	_ DAYS WRITTEN IRE TO DO SO SHALL
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ve	ndors@c	reativecorp.com		•	AUTHO	RIZED REPRESENTATIVI	Ē	

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### **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.