



## **VENDOR APPLICATION AND PAPERWORK**

### **Vendor Policy Manual Receipt Acknowledgement**

I acknowledge having read the Osprey Property Management Virginia Vendor Policy Manual. I understand that this Manual is not intended to be a contract but is provided as a general explanation of policies, which the Company uses as guidelines. I further understand that the Company reserves the right to change or modify the terms and conditions set forth at its discretion without prior knowledge by Vendors.

Revisions to the Osprey Property Management Vendor Policy Manual will be available [ospreypm.com](http://ospreypm.com) and Vendor should review the document from time to time

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_



**VENDOR APPLICATION**

**EVERY SECTION MUST BE COMPLETE IN ORDER TO BE PROCESSED**

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Address Line 2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-Mail \_\_\_\_\_ Your Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of Business or Service Provided: \_\_\_\_\_

What type of work do you or your company do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please answer all the following:**

Can you receive timely work order and estimate requests through e-mail? ..... Yes / No

Do you have a city business license? ..... Yes / No

Do you have a contractor license with DPOR: ..... Yes / No

If yes, what is your license type and license #: \_\_\_\_\_

Do you have a current Business Liability Insurance Policy? ..... Yes / No If

yes, what company are you insured with and how much coverage do you have? (**Submit  
declaration page with this application.**) \_\_\_\_\_

Do you have employees? ..... Yes / No

Do you use other licensed contractors?..... Yes / No

Do you have a current Workers Compensation Insurance Policy? ..... Yes / No If  
yes, what company are you insured with and how much coverage do you have? (**Submit  
declaration page with this application.**) \_\_\_\_\_

Do you agree to a drug-free policy for yourself, any employees, and subcontractors? ..... Yes / No

Do you have a valid driver's license, adequate insurance, and a reliable and suitable vehicle? .. Yes / No

Do you currently work for any other property management companies? ..... Yes / No If  
yes, who are they? \_\_\_\_\_

Have you ever been sued by a person who hired you for contracting services? ..... Yes / No

Have you ever sued or threatened to sue anyone you performed work for? ..... Yes / No

**References**

Reference Name	Relationship	Phone #

I attest that the above information is true and complete, and I authorize Osprey Property Management to verify all information contained in this application.

Printed Name: (Name & Title) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: Osprey PM, 700 Lynnhaven Pkwy 110, Virginia Beach VA 23452

**VENDOR INFORMATION WORKSHEET**

Dear Vendor,

In 1983, Congress passed the Interest and Divided Tax Compliance Act of 1983 which states in part, "A person engaged in a trade or business must file an information return for certain payments that he makes to other during a calendar year in the course of his trade or business." Where a 1099 is required to be filed by a payer, the payer will be required to withhold on the payment unless an identification number is required from payee. This amounts to 31% withheld on payments made to you if we do not receive this information. Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning it to Osprey Property Management.

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Should bills paid to you be paid to the Company or Individual Named above? Company / Individual

If bills are to be made to the Company Name, provide the Company FEIN here: \_\_\_\_\_ - \_\_\_\_\_

If bills are to be made to the Individual name, provide your SSN here \_\_\_\_\_

First and Last Name You File Under: (please print) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Address Line 2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Business or Service Provided: \_\_\_\_\_

Supplier Only (will not be on premises): Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

Contractor's License Name \_\_\_\_\_ Contractor State License Number \_\_\_\_\_

Will you be providing services on-site? Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

Are you a corporation? (Inc, not LLC) Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

Are you subject to backup withholding? Yes \_\_\_\_\_ No \_\_\_\_\_ (Check one)

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: (Name & Title) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return completed form to: Osprey PM, 770 Lynnhaven Pkwy, 110, Virginia Beach, VA 23452

## VENDOR INDEMNIFICATION AGREEMENT

Dear Vendor,

If you are self-employed with no employees and you are not required to carry workers compensation, please execute the certification below and return to our office.

I certify that I am self-employed and not required to carry workers compensation coverage.

Company Name: \_\_\_\_\_

Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Address Line 2): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of Business or Service Provided: \_\_\_\_\_

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: (Name & Title) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form to: Osprey PM, 770 Lynnhaven Pkwy 110, Virginia Beach, VA 23452

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>6</b> City, state, and ZIP code</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; font-size: small;"><b>OR</b></td> </tr> <tr> <td style="text-align: center; font-size: small;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table> </td> </tr> </table>	<b>Social security number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-	<b>OR</b>	<b>Employer identification number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-
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**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting 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, 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.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

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

**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](http://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 taxpayer 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, later.*