

## Vendor Information Form

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

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

Billing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Contracted Services: Yes or No

If yes, please provide signed contract.

Tax ID Number: \_\_\_\_\_

Insured: Yes or No

All vendors must be properly insured to complete work on any property managed by Leadership Management.

Job Site/ Association: \_\_\_\_\_

*Please fill out this form and send to Michelle@leadershipmanagement.us along with your W9 and Certificate of Insurance. Please note, that all vendors must carry Workers Compensation and Liability. Also, on your Certificate of Insurance, Leadership Management and the Association you are working at must be listed as additionally insured. Without the proper documents, payment will not be issued. Any questions, please contact Michelle Carr at (810) 735-6000.*