Leadership Management, Inc.
P.O. Box 146 Gaines MI. 48436
Ph: 810.735.6000

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 be advised that all vendors are required to maintain Workers Compensation and Liability insurance. Additionally, your Certificate of Insurance must list Leadership Management and the Association with which you are engaged as additionally insured. Payment will not be processed without the appropriate documentation.

Any questions, please contact Michelle Carr at (810) 735-6000.