



**CROWN PROPERTY  
MANAGEMENT, INC.**

## Introduction to Crown Property Management, Inc.

Thanks so much for being part of our team! As we continue or begin our working relationship we would like to communicate some of our standard policies and expectations to help ensure a more streamlined process for everyone. We understand you work with many customers; we appreciate your time and services, and look forward to our future collaborations.

### **INVOICING:**

- CPM processes payments every 15-30 days
- Payments are made:
  - Via mailed check
  - Via ACH direct deposit (see enclosed form)
- Invoices should be:
  - Provided to CPM every 30 days (preferably directly after completion of the job)
  - Delivered by
    - Email: [Deborah@CrownPM.net](mailto:Deborah@CrownPM.net) **OR**
    - Mail: PO Box 5790 Salem OR 97304 **OR**
    - Drop Box: 698 12th St SE #100 Salem, OR 97301
  - Include the complete property address and unit # and the work order number on every invoice. Please avoid emailing *and* mailing the same invoice to help prevent issues with duplicate accounting.

### **WORK ORDERS:**

- Work orders are sent via email
- Please indicate the work is completed through the Vendor portal, if you have access (if you do not have access, and would like it, please request a link)
- General maximum maintenance limit without owner/management approval is up to \$250 (unless otherwise stated). Do not exceed this limit without explicit approval.
- Only attend to items requested, reach out to CPM for authorization to handle additional items.

### **TENANTS:**

- Vendors MUST connect with tenant for permission to enter, CANNOT enter if a minor is home and no adult is home (if you aren't sure, ask)
- Do not touch or move any tenant belongings unless absolutely necessary. If moved, replace them to their original location. In particular - do not *use* tenant's belongings (i.e. towel)
- Clean up behind yourself
- Take trash out with you, do not use tenant's trash (apartment dumpsters are okay to use if applicable)
- CPM cannot provide a key unless you confirm you have permission to enter from the tenant directly
- Do NOT say you are with CPM, instead say you are with YOUR company, hired by CPM
- Professionalism is important to us especially with what is said and emailed - we highly recommend that you track your dates/times of tenant communication or attempts to communication
- Please contact us immediately if you are not able to reach a tenant for an urgent/emergency matter such as fire, flood, blood, or similar event

## **INSURANCE:**

- CPM expects Vendors to keep insurance and licenses up to date at all times
  - Minimum Insurance coverage amounts
    - \$1,000,000 general liability
    - \$2,000,000 general aggregate
  - Vendors with any employee who is not a related family member must have workers compensation insurance
  - Licenses for specialty trades must be kept up to date at all times (CCB, LCB, plumbing, electrical, etc.)
  - Updated insurance documentation can be provided via:
    - Vendor Portal: Upload Directly **OR**
    - Email: Ale@CrownPM.net **OR**
    - Mail: PO Box 5790 Salem OR 97304 **OR**
    - Drop Box: 698 12th St SE #100 Salem, OR 97301 **OR**
    - Fax: 503-399-3988

*We appreciate our Vendors and enjoy building long lasting relationships.  
Thank you for partnering with us!*



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## **Vendor Intake Information**

**NOTE: We must have this information, including proof of liability insurance, proof of workers compensation insurance, and a W9 prior to sending work orders or payment.**

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

Contact Name(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Standard Hours of Operation: \_\_\_\_\_

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Trades / Skills / Services: \_\_\_\_\_

\_\_\_\_\_ # Employees: \_\_\_\_\_

CCB #: \_\_\_\_\_ Other Licenses Held: \_\_\_\_\_

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Hourly Rate: \_\_\_\_\_ Trip Charge: \_\_\_\_\_ Minimum Charge: \_\_\_\_\_

Do you offer ER services after hours? \_\_\_\_\_ If yes, ER/After Hours Charge: \_\_\_\_\_

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**Please provide the following documents:**

- Liability Insurance Document
- Workers Compensation Document
- W9
- ACH Form (if desired)

**Site:** 698 12th St SE #100 Salem, OR 97301 · **Mail:** PO Box 5790 Salem, OR 97304

**Tenant Phone:** 503-485-2600 · **Owner Phone:** 503-399-0331 · **Fax:** 503-399-3988

**Email:** Info@CrownPM.net · **Website:** CrownPM.net

# Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific Instructions on page 2.

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

## Part I Taxpayer Identification Number (TIN)

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number						
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
or						
Employer identification number						
<input type="text"/>	-	<input type="text"/>				

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

<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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

## 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?* on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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## **Vendor ACH Direct Deposit Form**

Crown Property Management, Inc offers electronic checks (eCheck) as a payment method! No more waiting until your payment arrives in the mail, and a breakdown of the payment and invoices paid will be emailed to you the same day.

The sign-up process is easy: Simply complete the form below and return it to our office with a copy of your voided company check.

### **Authorization Agreement for Automatic eCheck Deposits (ACH Credits)**

(First Name) \_\_\_\_\_ (Last Name) \_\_\_\_\_

of (Company) \_\_\_\_\_

on (Date) \_\_\_\_\_ authorizes and requests Crown Property Management, Inc. to deposit all funds due for services rendered automatically to my account identified below. I understand that it is my responsibility to ensure the below account information is correct and I confirm that I am authorized to accept funds into this account. This authorization will remain in effect until I have cancelled it in writing.

- Checking Account
- Savings Account

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**A voided check must be included for bank purposes; deposit slips do not contain the correct information. If one is not included, your form may be sent back to you and may delay your start date.**

Please email [LBradford@crownpm.net](mailto:LBradford@crownpm.net) with any questions.