

Dear Prospective Vendor/Supplier:

The enclosed information is in reference to becoming a Preferred Vendor with EverStar Realty Inc.

EverStar Realty's property management division manages commercial and residential real estate in the greater Tri-Cities region. The current portfolio is comprised of multi-family and single-family residential units, commercial office and retail space, as well as homeowner associations. In addition, EverStar Realty provides full real estate brokerage services.

On behalf of our clients, we contract for services and supplies. If you would like to provide services for EverStar Realty we require submission of the attached information. Please return the completed forms as follows:

Olivia Leaver, Vendor Coordinator EverStar Realty 1920 N. Pittsburgh Street, Suite A Kennewick, WA 99336

Or email: Olivia@EverStarRealty.com

If you have any questions, do not hesitate to contact me at (509) 735-4042. Thank you for your interest and we look forward to doing business with you.

Sincerely,

Olivia Leaver Vendor Coordinator

Vendor Information Form



Company Name			
Owner Name if DBA			
DBA			
Mailing Address			
City	State	Zip_	
Office Phone	Fax	Cell	
Email address			
Contact name for work assignme			
Contact name for bookkeeping_			
Type of work your company perfo	orms:		
			·
References:			
Customer Reference	Conta	ct Name	Telephone
Supplier Reference	Conta	ct Name	Telephone
Insurance Company	Conta	ct Name	Telephone
Are you affiliated with anyone wh	no is either an employ	ee or owner of EverStar Rea	alty?YesNo
If Yes, how are you affiliated:			
Please complete the follo	owing, if applicable:		
Item		Charge	
Trip Charge/Service Call		\$	
Labor (per man hour)		\$	

Vendor Information Form



1.		, an authorized representative	e of		
(Vendo	or), unde	erstand that EverStar Realty requires authorization prior		ods delivered.	
Vendo	r agrees	to the following:			
1.	Vendor a) b) c) d) e)	r agrees to carry, at all times, Comprehensive General L Bodily Injury & Property Damage per Occurrence Com General Aggregate Personal & Advertising Injury Medical Payments Comprehensive Automobile Liability, including all own hired vehicles with a combined single limit of	bined Single Limit	\$1,000,000 \$2,000,000 \$1,000,000 \$10,000	
2.	Mainta	in current status with Washington State Labor and Indu	ustries.		
3.	certific	r agrees to name EverStar Realty Inc. as Additional Ins ate to EverStar Realty prior to the commencement of w of cancellation or non-renewal of coverage and/or char	ork. EverStar Realty to receiv		
4.	Vendor warrants that all insurance requirements noted herein shall also be required of all subcontractor's and that Vendor's insurance shall provide wrap around coverage for claims arising from subcontractor's negligence, or in the event the subcontractor's insurance coverage is inadequate or unavailable.				
5.	or empered with every keep death connection are due by the	r hereby agrees to indemnify and hold harmless EverSta bloyees from any and all claims, losses, suits, damages kind and nature, both legal and otherwise, whether dire or property damage sustained by persons or others ction with the work provided for under the terms of this e in part of or entirety to negligence on the part of the agents or employees of Sub Contractors, it being the sp r shall be solely responsible to and be bound to indemn	, judgments, expenses, cost ect or indirect, by reason of p caused by, arising out of, agreement, if such injuries, of Vendor and/or their agents of ecific intention of the parties	s and charges of personal injuries, or occurring in death or damage or employees, or shereto that the	
6.	a) b) c)	r agrees to the following basic guidelines: Professional dress when on the job. Not to perform any additional work that was not as property manager. EverStar Realty is under no obligat All invoices must be at the EverStar office no later that not be paid until the following month. Invoices are generally paid on the 10 th and 20 th of the	ion to pay for unauthorized on the 20 th of the month, oth	work.	
you acl	knowled	ng anything to the contrary in this document tor any other lige and agree that EverStar Realty is acting solely as are ability for the payment of invoices or otherwise.			
Vendo	r Signatı	ıre:	Date:		
FverSt-	ar Realty	r.	Date:		

Vendor Information Form



Office Use Only

Required Information Checklist

\bigcirc	Signed Vendor Information Form
\bigcirc	Completed W-9 Request for Taxpayer Identification Number
\bigcirc	Copy of Trade Name Registration from the Secretary of State
\bigcirc	Copy of Labor and Industries Status (if applicable)
\bigcirc	Copy of Contractor Bond (if applicable)
\bigcirc	Liability Insurance Certificate naming EverStar Realty Inc., as Additional Insured