

890 N SR 434; Suite 2000, Altamonte Springs, FL 32714 Office: 407-771-4442 | Fax: 407-771-4452

Dear Service Partner,

We would like to thank you for your interest in EDC Facilities Maintenance. We are a facility management company that specializes in facility maintenance, construction projects, and rollouts. Our clients come to us for our ability to provide excellent communication, service, and support 24 hours a day, 7 days a week.

Enclosed you will find all the documents we required to get you set up as a vendor. Filling these out completely will ensure you receive the most amount of work based on the coverage area, trades, and rates you designate.

Once we receive the following paperwork, you will be eligible to receive work orders.

- Completed Vendor Profile Form.
- W-9 dated within the past 2 years.
- Certificate of Insurance (EDC Facilities Maintenance, LLC listed as additionally insured) showing General Liability & Workers Compensation.
- Any applicable license(s).

Each work order sent to you will have the following requirements in order to begin the payment process. We invite you to visit our website at www.EDCFM.com to view the full list of terms and conditions.

- IVR Check-In and Check-Out is required on every work order.
- Every work order will require that before and after pictures are taken.
- When you have completed the work you will also need to capture the signature of the on-site contact.
- An itemized invoice, along with the pictures and sign off sheet should be emailed to <u>invoices@edcsg.com</u> within 7 days from the day you completed the work.
- Always include the EDC WO number, location address and date of service on your invoice

Once we receive these documents the NET 45 payment terms will start. We will reach out to you and let you know if anything is missing.

We understand that you may have additional questions and urge you to reach out to the Vendor Relations Team for those answers. EDCFM appreciates all of our service partners and look forward to growing our businesses together!

Sincerely,

The Vendor Relations Team



VENDOR PROFILE

Company imormation						
Company Name:			Office Fax:			
Address:						
City:			State: Z			ip:
Contact Information						
Primary Contact:						
Primary Phone:			Email:			
Dispatch Contact:						
Dispatch Phone:			Email:			
After Hours Contact:						
After Hours Phone:			Email:			
AR Contact:						
AR Phone:			En	nail:		
Business Classification & S	pecial	Status				
Federal Tax ID: Federal Tax Classification:						
Please circle any status that a	applies	, and include a co	ру	of your certification(s).		
Union	Woi	men Owned Business	;	Minority Owned Business	Veteran	Owned Business
Oth	er			Other		
Licenses Held						
License Type				License Number		Expiration Date
Electrical						
General Contractor						
HVAC						
Plumbing						

Services & Rates

Identify the services your company self performs and provide your hourly rates for those services. EDCFM does not allow sub-contracting any work without the written consent of EDCFM. All rates should include applicable tax.

Travel Charge Type: □ Hourly □ Dis	spatch Port to Port Per Mile	Travel Rate:	Material Markup %:
Service/Trade	Hourly Rate	Emergency / After Hours Rate	Holiday Rate
Appliance			
Backflow			
Board-Up			
Carpentry			
Ceiling			
Data / Voice / IT			
Door (Excluding Locksmithing)			
Electrical [Attach License]			
Flooring			
General Contractor [Attach License]			
Glass/Mirror			
Handyman			
HVAC [Attach License]			
Locksmithing			
Overhead Door			
Painting			
Plumbing [Attach License]			
Refrigeration			
Restaurant Equipment Repair			
Sign			
Other			
Other			
Other			
		every job; (2) provide before and after pict rovide itemized invoices to EDC within 5 of	
Your company's rates listed above will re	main in effect until an updated Vendor Pro	ofile Contract is approved by an officer of I	EDC Facilities Maintenance, LLC

Your company's rates listed above will remain in effect until an updated Vendor Profile Contract is approved by an officer of EDC Facilities Maintenance, LLC ("EDCFM"). Invoices must be billed at the rates in this Vendor Profile Commitment ("VPC"). This VPC expressly incorporates by reference the EDCFM Vendor Services Agreement ("VSA"), as updated from time to time, which is available at: http://www.EDCSG.com/contact/vendor-documents/. By signing this VPC and/or performing a Work Order, Vendor expressly accepts and agrees to all terms and provisions contained in the VSA. Furthermore, by signing this VPC, the undersigned represents and warrants they are duly authorized to bind the Vendor to all terms and conditions of both this VPC and the VSA. To the extent that the undersigned does not have authority to bind the Vendor, then the undersigned personally guarantees all of Vendor's obligations.

Name	Signature	Title	Date



CERTIFICATE OF LIABILITY INSURANCE

CQUEEN

DATE (MM/DD/YYYY) 10/15/2019

EXCEDEV-01

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ides) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement onthis certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	NAME:	
Sample Insurance Agent	(A/C, No, Ext): (A/C, No):	555-1313
Agent Address Agent City, State Zip	Address: Johnsmith@email.com	
Agent City, State Zip (888) 555-1212	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Sample Carrier 1	11111
INSURED	INSURER B: Sample Carrier 2	22222
Your Company	INSURER C: Sample Carrier 3	33333
Your Address	INSURER D:	
Your City, State Zip	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBF	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
Α	X	COMMERCIAL GENERAL LIABILITY				Ì	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR	X	X	POLICY111111111111111	1/1/2019	1/1/2020	DAMAGE TO RENTED PREMISES (Ea. occurrence)	\$	50,000
								MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		LICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
В	AUT	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (ea. accident)	\$	500,000
	X	ANY AUTO	X	X	POLICY2222222222222	1/1/2019	1/1/2020	BODILY INJURY (Per person)	\$	
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$	
	X	HIRED X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
		PIP \$10,000							\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		DED RETENTION \$						Aggregate	\$	
С		RKERS COMPENSATION EMPLOYERS' LIABILITY						X PER STATUTE ER		
		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A	v	POLICY333333333333333	1/1/2019	1/1/2020	E.L. EACH ACCIDENT	\$	1,000,000
	(Man	ndatory in NH) s. describe under	N/A	^				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
		CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

EDC Facilities Maintenance, LLC, including all of its officers, directors, employees and agents are additional insured with respects to the general liability per written contract.

CENTIFICATE HOLDEN	CANCELLATION
EDC Facilities Maintenance, LLC 890 N SR 434, Suite 2000 Altamonte Springs, FL 32714	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Attainonte opinigs, i E 027 14	AUTHORIZED REPRESENTATIVE



Department of the Tréasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	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	
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check on following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	certain entities, not individuals; see instructions on page 3): Trust/estate Exempt payee code (if any)
Print or type.	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. I LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-me is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Do not check of the LLC is
e Spe	Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
Se	5 Address (number, street, and apt. or suite no.) See instructions.	uester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional) Taxpayer Identification Number (TIN)	
backı reside	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid in withholding. For individuals, this is generally your social security number (SSN). However, for a sent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> later.	Social security number Or
	If the account is in more than one name, see the instructions for line 1. Also see What Name and over To Give the Requester for guidelines on whose number to enter.	Employer identification number
Par Unde	Certification 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 for Part II, later.

Sign Signature of	
Signature of	
Ilawa organization	
Here U.S. person > Date >	

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.

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)



ACH Payment Program Enrollment Form

The following details are required to set-up your account as an ACH. Please fill out all applicable fields. You may email the completed document to: lnvoices@EDCFM.com Once this information is received, it takes approximately 5 business days to complete the ACH process.

Company Information (please	print)	
Company Name:		
Contact:		
Mailing Address:		
Phone Number:		
Email Address (for payment deta	ail):	
EIN:		
Banking Details		
Bank Name:		
Check the type of account:	☐ Checking	□Savings
Bank Account Number:		
Routing or ABA Number:		
Copy of voided ch	eck or a bank letter mus	t be attached
Signature:	Date):
Printed Name:		
FOR OFFICE USE ONLY:		
Entered in NS by	Date	.