



## FACILITIES MAINTENANCE

150 Dog Track Rd. Longwood, FL 32750  
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](http://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 [invoices@edcfm.com](mailto:invoices@edcfm.com) 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 Information

Company Name:		Office Fax:
Address:		
City:	State:	Zip:

### Contact Information

Primary Contact:	
Primary Phone:	Email:
Dispatch Contact:	
Dispatch Phone:	Email:
After Hours Contact:	
After Hours Phone:	Email:
AR Contact:	
AR Phone:	Email:

### Business Classification & Special Status

Federal Tax ID:	Federal Tax Classification:
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Please circle any status that applies, and include a copy of your certification(s).

Union

Other

Women Owned Business

Minority Owned Business

Other

Veteran Owned Business

### 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: <input type="checkbox"/> Hourly <input type="checkbox"/> Dispatch <input type="checkbox"/> Port to Port <input type="checkbox"/> 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			
LIST STATES SERVICED			

Vendor expressly agrees to strictly comply with: (1) check in/out requirements for every job; (2) provide before and after pictures in satisfactory form; (3) obtain job sign-off from EDC's customer in proper form; and (4) provide itemized invoices to EDC within 7 calendar days.

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



EXCEDEV-01

CQUEEN

# CERTIFICATE OF LIABILITY INSURANCE

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

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(ies) 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 on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Sample Insurance Agent</b> Agent Address Agent City, State Zip (888) 555-1212	NAME: John Smith	PHONE (A/C, No, Ext): (888) 555-1212	FAX (A/C, No): (888) 555-1313
	ADDRESS: JohnSmith@email.com		
INSURED  Your Company Your Address Your City, State Zip	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Sample Carrier 1</b>		11111
	INSURER B: <b>Sample Carrier 2</b>		22222
	INSURER C: <b>Sample Carrier 3</b>		33333
	INSURER D:		
	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	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> LICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC OTHER:	X	X	POLICY111111111111111111	1/1/2019	1/1/2020	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS PIP \$10,000 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	X	POLICY2222222222222222	1/1/2019	1/1/2020	COMBINED SINGLE LIMIT (ea. accident) \$ <b>500,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ Aggregate \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	POLICY3333333333333333	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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.**

<b>CERTIFICATE HOLDER</b>  <b>EDC Facilities Maintenance, LLC</b> <b>150 Dog Track Rd. Longwood,</b> <b>FL 32750</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

# Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**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

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 only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
                         
  C Corporation
                         
  S Corporation
                         
  Partnership
                         
  Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4** 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) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

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

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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Social security number

- -

or

Employer identification number

--	--	--	--	--	--	--	--	--	--	--

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 Here** | Signature of 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](http://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: [Invoices@EDCFM.com](mailto:Invoices@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 detail): \_\_\_\_\_

EIN: \_\_\_\_\_

### Banking Details

Bank Name: \_\_\_\_\_

Check the type of account:

Checking

Savings

Bank Account Number: \_\_\_\_\_

Routing or ABA Number: \_\_\_\_\_

**\*\*Copy of voided check or a bank letter must be attached\*\***

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

Printed Name: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Entered in NS by \_\_\_\_\_ Date: \_\_\_\_\_