

OFF-SITE VENDOR

DOES NOT COME ON A UPA MANAGED PROPERTY TO PROVIDE SERVICE

UNITED PROPERTY ASSOCIATES

Serving VA & NC for 35 Years 1978-2013

То:	Prospective Vendor for United	d Property Associates
Fax/Address:		
From:		
Date:		<u></u>
RE:	OFF-SITE VENDOR PACKAGE	

We have received information that your company would like to become a vendor for United Property Associates and we are thrilled with the opportunity to work with your company!

525 SOUTH INDEPENDENCE BLVD. SUITE 200 VIRGINIA BEACH VIRGINIA 23452-1189 (757) 497-5752 FAX (757) 497-9133

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827 DILIGENCE DRIVE SUITE 126 NEWPORT NEWS VIRGINIA 23606-4212 (757) 873-1185 FAX (757) 873-8907

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5849 HARBOUR VIEW BLVD. SUITE 200 SUFFOLK VIRGINIA 23435-3768 (757) 484-0706 FAX (757) 484-3217

103 BULIFANTS BLVD. SUITE A WILLIAMSBURG VIRGINIA 23188-5722 (757) 345-5383 FAX (757) 345-5385

SPECIALISTS IN
THE MANAGEMENT
OF APARTMENTS •
HOUSES • CONDOMINIUM
AND HOMEOWNER
ASSOCIATIONS

www.united property.org

If this package is being submitted for a specific property managed by UPA, please include the property name here:

The first step is to complete the attached application and submit with the attached W9

- 1. completed application
- 2. current signed W9 form

Please mail, fax or email the necessary information as soon as possible.

Attn: Brenda Johnson Fax: 757-499-7659

Mail: 525 S. Independence Blvd. Ste. 200, Virginia Beach, VA 23452

Email: bjohnson@unitedproperty.org



VENDOR APPLICATION

UNITED PROPERTY ASSOCIATES

Please fill out this form completely.

Copies of your Business License, Contractors license, Current Certificate of Insurance * & a signed W-9 ARE REQUIRED prior to consideration for being added to the UPA Vendor List.

It has been filled out by:	
Print Name & Title	Date
Vendor's Complete Business Name & Address:	Contact person:
	Employer ID #:
	Phone Number: ()
	Fax Number: ()
DELATE A DODE CO (16 1166 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1	Cell Number: ()
REMIT ADDRESS (if different from above):	Email:
List services provided by your Company:	
Is any owner(s)/partner(s) of the Company's sporof any UPA employee(s)? If YES, please list employee	use/companion, family-member and/or personal friend yee's name and relationship.
Please list the Name, Address & Phone Number of	at least three (3) REFERENCES:
Send above requested information to:	☐ APPROVED FOR VENDOR LIST
United Property Associates	☐ APPROVED FOR
Attention: President 525 South Independence Blvd., Suite 200 Virginia Beach, VA 23452-1103	ONLY (WILL NOT BE ON VENDOR LIST) ☐ DISAPPROVED
* CERTIFICATE OF INSURANCE REQUIREMENTS:	Bernie J. Grablowsky, President Date

There must be coverage for General Liability (with United Property Associates listed as the additional insured), Automobile Liability, and Workers Compensation and Employer's Liability. Also, United Property Associates must be listed as the Certificate Holder. If Vendor has been selected for work at a property, an Insurance Certificate must also be provided listing that property as an additional insured.



Request for Taxpayer Identification Number and Certification

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

intornar	levende cervice			
	Name (as shown on your income tax return)			
ge 2.	Business name/disregarded entity name, if diffe	erent from above		
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor			
Print or type Instruction	Limited liability company. Enter the tax cla	ship) ►		
무	☐ Other (see instructions) ►			
pecific	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)	
See S	City, state, and ZIP code			
	List account number(s) here (optional)			
Par	Taxpayer Identification N	umber (TIN)		
	• -	` '	line Social security number	
to avoid backup withholding. For individuals, this is 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 <i>How to get a</i>		ra		
TIN on	page 3.		- · · · · · · · · ·	
	The state of the s	ee the chart on page 4 for guidelines on whose	Employer identification number	
number to enter.				
Part	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 an	a U.S. citizen or other U.S. person (define	ed below).		
becaus interes genera	e you have failed to report all interest and paid, acquisition or abandonment of sec	tem 2 above if you have been notified by the IRS the dividends on your tax return. For real estate transfured property, cancellation of debt, contributions to the ends, you are not required to sign the certification,	an individual retirement arrangement (IRA), and	
Sign Here	Signature of U.S. person ▶	Da	te ▶	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.