CAMBRIDGE

PROPERTY MANAGEMENT SERVICES

NEW VENDOR ONBOARDING

Company profile and primary contacts

Please complete all applicable fields and email completed form to info@cambridgemgt.com.
Submission does not guarantee approval or assignment of work.

1. COMPANY INFORMATION

Legal Business Name

DBA / Trade Name

Business Entity Type (LLC, Corporation, Sole Proprietor, etc.)

Year Established

Number of Employees

Business Street Address

Suite / Unit

City

State

ZIP Code

County

Website

Main Phone

Alternate / Emergency Phone

General Email

2. PRIMARY CONTACT

Full Name

Title

Direct / Mobile Phone

Email Address

Preferred Contact Method

3. ACCOUNTS RECEIVABLE / ADMINISTRATIVE CONTACT

Contact Name

Phone

Email Address

Remittance Address (if different)

4. SERVICES AND COVERAGE

SERVICES PROVIDED (check all that apply)

- ☐ General Contracting
- ☐ Plumbing
- ☐ Electrical
- ☐ HVAC
- ☐ Roofing
- ☐ Landscaping / Irrigation
- ☐ Snow / Ice Removal
- ☐ Cleaning / Janitorial
- ☐ Pest Control
- ☐ Fire / Life Safety
- ☐ Security / Access Control
- ☐ Pool Services
- ☐ Masonry / Concrete
- ☐ Painting
- ☐ Restoration / Emergency
- ☐ Other

Other Service / Specialty

Geographic Service Area

Normal Business Hours

Typical Response Time

☐ 24/7 emergency service available

5. TAX, LICENSING AND PAYMENT INFORMATION

Federal Tax ID / EIN (or SSN if sole proprietor)

Name as Shown on Form W-9

License / Certification Type

License / Certification Number

Expiration Date

PAYMENT METHOD REQUESTED

☐ Check ☐ ACH / Electronic Payment

Standard Payment Terms

PO / Invoice Requirements

6. INSURANCE INFORMATION

Insurance Agency / Broker | Phone | Email

General Liability Carrier | Policy Number | Expiration Date

Workers Compensation Carrier | Policy Number | Expiration Date

Commercial Auto Carrier | Policy Number | Expiration Date

7. REQUIRED DOCUMENTS CHECKLIST

- ☐ Completed Form W-9
- ☐ Certificate of Insurance
- ☐ Applicable Licenses / Certifications
- ☐ ACH Authorization / Voided Check
- ☐ Vendor Service Agreement
- ☐ Rate Sheet / Proposal

8. BUSINESS REFERENCES

Reference 1 - Company / Association | Contact Name | Phone

Email Address | Services Provided / Relationship

Reference 2 - Company / Association | Contact Name | Phone

Email Address | Services Provided / Relationship

Reference 3 - Company / Association | Contact Name | Phone

Email Address | Services Provided / Relationship

9. DISCLOSURES

- ☐ Pending litigation, judgments, liens or claims
- ☐ Contract termination for cause within the last five years
- ☐ Regulatory, licensing or significant safety violations
- ☐ None of the above

If any item is checked, provide details

10. VENDOR CERTIFICATION AND AUTHORIZATION

I certify that the information provided in this form and all supporting documents is true, complete and current. I authorize Cambridge Management to verify the information and references provided. I understand that approval as a vendor does not guarantee work, exclusivity or any minimum volume. I agree to promptly notify Cambridge Management of changes to licenses, insurance, ownership, contact information or tax status and to comply with all applicable laws and site requirements.

Authorized Representative - Printed Name | Title | Date

Electronic Signature (type full legal name) | Date Signed

FOR CAMBRIDGE MANAGEMENT USE ONLY

Date Received | Reviewed By | Vendor ID | Status / Conditions