



## New Vendor Check List

Dear Vendor/Contractor,

The following items are needed for us to establish your account with our company:

- \_\_\_\_\_ Vendor Information Sheet completed.
- \_\_\_\_\_ Certification of Federal Taxpayer Identification form completed and signed.
- \_\_\_\_\_ W-9 form completed and signed. We only need either a SS # or an Employer Identification (EIN) number. Please do not enter both as the purpose of this form is to instruct how we report to the IRS income paid to you.
- \_\_\_\_\_ Copies of applicable Contractors and/or Business licenses.
- \_\_\_\_\_ Evidence of Insurance for your General Liability Insurance
- \_\_\_\_\_ Evidence of Workman's Compensation Insurance.  
(If you have no employees, you may sign a waiver for Workman's Compensation)

It is very important we do receive the Evidence of Insurance. If you do not have your current "Declarations" page readily available, then the best solution is to call your Insurance Agent and request that they send us the "Evidence of Insurance" to our office on your behalf.

If you have any questions, you may call our main office at 928-453-3500 or email [team@azlivingrentals.com](mailto:team@azlivingrentals.com)

Thank you.  
Arizona Living Rentals & Property Management LLC



## Vendor Information Sheet

Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Social Security# \_\_\_\_\_ EIN OR TIN# \_\_\_\_\_

Contractor License# \_\_\_\_\_ Business License# \_\_\_\_\_

Worker's Comp Co \_\_\_\_\_ Expires \_\_\_\_\_

General Liability Co \_\_\_\_\_ Expires \_\_\_\_\_

Business Type (i.e., plumber, electrician, etc.) \_\_\_\_\_

### Information Sheet:

1. Federal W-9 form signed and dated.
2. Copy of your contractor's license and/or business license.
3. Copy of Certificate of Insurance from your Workman's Compensation Insurance carrier and a copy from your General Liability Insurance carrier.
4. If you are a Sole Proprietor; a Letter of Declaration that you do not have any other employees and will not hold Arizona Living Rentals & Property Management LLC, responsible in the event of injury or accident. It should state that you are covered under your own insurance or workman's compensation insurance, or provide a state furnished exemption card.
5. Price List for services

I have contacted my insurance company and requested a certificate of insurance to be sent directly to Arizona Living Rentals & Property Management, [team@azlivingrentals.com](mailto:team@azlivingrentals.com).

Initial: \_\_\_\_\_



**CERTIFICATION OF FEDERAL TAXPAYER IDENTIFICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 31% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the IRS under Section 6723.

**Instructions:** Complete Part 1 by checking the types that correspond to your organization’s structure. Complete Part 2 by filling in your Federal Tax ID number and the name of the person or entity it belongs to. To complete Part 3 sign, date, and return the form to the below address or email [team@azlivingrentals.com](mailto:team@azlivingrentals.com). If you are unsure of what to fill out, please contact your tax preparer for help in filling out the form.

**1. Check all that apply to your organization (You must check at least one)**

- Limited Liability Company (LLC)
- Is your LLC set up as an S-Corp \_\_\_\_\_ or a Sole Proprietor \_\_\_\_\_
- Corporation (The name is the legal name on The Articles of Incorporation)
- Tax Exempt Charity under 501 (a and c) or IRA (Non-Profit Organization)
- The United States or any of its agencies or instrumentalities
- A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- A foreign government or any of its political subdivisions
- Real Estate Agent or Agency
- Individual
- Proprietor (A sole proprietorship may have a “doing business as” trade name, but the legal name is the business owner).
- Partnership (A partnership may have a “doing business as” trade name, but the legal name is the list of the names of the partners).

**2. Provide your Federal Tax Identification Number and the name of the person or entity whose TIN you enter. The TIN (Tax Identification Number) must be for the payee shown above as the “name”.**

\_\_\_\_\_ Individual, sole proprietor, or partnership’s legal name (name of first partner)

\_\_\_\_\_ Social Security Number, EIN or TIN

**3. I certify under penalty of perjury that the Tax Identification Number I have provided is correct.**

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

\_\_\_\_\_  
Print Name



## Insurance Waiver for Sole Proprietor/Letter of Declaration

As of \_\_\_\_\_ (Date) I, \_\_\_\_\_ (Owner)

\_\_\_\_\_ (Company Name) do not have any employees and will not hold **Arizona Living Rentals & Property Management LLC** responsible in the event of injury or accident while engaging in work requested by **Arizona Living Rentals & Property Management LLC**. I am covered under my own insurance program. If my status or the status of my business changes, I will immediately notify **Arizona Living Rentals & Property Management LLC** and **provide** the required documents.

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

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

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

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



**Authorization Agreement for Direct Deposits  
(ACH Credits)**

Company or Individual Name(s) \_\_\_\_\_

I (we) hereby authorize **Arizona Living Rentals & Property Management LLC** to initiate credit entries into my:

**Checking Account**

**Savings Account**

as indicated below, at the depository Financial Institution named below. I (we) acknowledge that the authority will remain in effect until I have (or either of us) cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until **Arizona Living Rentals & Property Management LLC** has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford **Arizona Living Rentals & Property Management LLC** and Financial Institution a reasonable opportunity to act on it.

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

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

**\* ATTACH VOIDED CHECK HERE IF POSSIBLE\***