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## Vendor Information Cover Letter

Dear Association Vendor:

Avalon Management and the clients we represent appreciate the services you will provide and the ongoing business relationship we share.

Our Company's policy requires that all vendor or contractors with whom our clients do business supply us with information concerning their operations. This policy is in accordance with state and federal regulations, as well as good business practices regarding licensing, insurance and taxes.

**In order to receive payment on any submitted invoices, we must have the following information on file:**

- 1. Completed Vendor Information Sheet.**
- 2. Executed Indemnification and Agent Relationship Form**
- 3. Executed SB 198 Compliance Form.**
- 4. Completed W-9 form for Federal Tax ID or Social Security Number.**
- 5. Certificate of Workers Compensation Policy and expiration date.** (Note: If you are self-employed and are not required to carry Workers Compensation, please complete Self-Employed form and note accordingly on form.)
- 6. An original Certificate of Liability Insurance.** With coverage of at least \$1,000,000 (\$3,000,000 for security companies) naming The Avalon Association Management Group, Inc. and the Association you are providing services for as additional insured. This original certificate should also give the expiration date of the policy. We must receive a 30-day notice of cancellation.
- 7. Copy of your Contractors License and expiration date** (If applicable).

All documentation must be received in our office prior to your commencing services at any property.

After initial set-up documentation, please see that the documentation is kept current at all times (e.g. current certificate of insurance, contractor's license, etc.) If the new documentation is not received by the expiration date, this may result in immediate termination of services.

We thank you in advance for your cooperation and assistance!

**Packets must be completed and submitted via email as a single PDF document to [Ap@AvalonWeb.com](mailto:Ap@AvalonWeb.com).**

Sincerely,

Avalon Management

**Vendor Information Sheet**

Dear Vendor:

In August 1983 Congress passed the Interest and Dividend Tax Compliance Act of 1983 which states in part, "A person engaged in a trade or business must file an information return for certain payments that he makes to others during a calendar year in the course of his trade or business." Where a 1099 is required to be filed by a payor, the payor will be required to withhold on the payment unless an identification number is acquired from the payee. This amounts to **31%** withheld on payments made to you if we do not receive this information.

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning this letter to Avalon Management.

COMPANY NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

PHONE/FAX: \_\_\_\_\_

EMAIL/ WEBSITE: \_\_\_\_\_

BUSINESS/SERVICE TYPE: \_\_\_\_\_

SUPPLIER ONLY? (Will not be on premises)                      Yes                       No

CONTRACTORS LICENSE  
NUMBER/EXPIRATION DATE: \_\_\_\_\_

Are you a Corporation?    Yes                       No

Are you subject to backup Withholding?                      Yes                       No

FEDERAL TAX ID NUMBER: \_\_\_\_\_

If you are filing your tax return using a Social Security Number, please provide the following information:

SOCIAL SECURITY #: \_\_\_\_\_

FIRST AND LAST NAME  
YOU FILE UNDER: \_\_\_\_\_

I attest that the above information is true and complete to the best of my knowledge:

Signed: \_\_\_\_\_

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INDEMNIFICATION AND AGENT RELATIONSHIP**

The \_\_\_\_\_ (vendor/contractor) shall indemnify the Owner of the property and The Avalon Association Management Group, Inc. (Avalon), and save them harmless from and against any claim, loss, liability, and expense (including attorneys' fees and court costs) incurred by Owner or Avalon arising out of damage to property or injury to, or death of, persons (including the property and personnel of the parties hereto and their agents, subcontractors, and employees) arising out of, or in connection with, the negligent acts of \_\_\_\_\_ (vendor/contractor) and further agrees and understands that Avalon is not the Owner of the property where the vendor/contractor is providing service or supplies and is merely acting as Agent for Owner. Vendor/Contractor/ agrees Agent is not responsible in any capacity for the financial obligations of the Owner.

Agreed to:

SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

DATE: \_\_\_\_\_

**SB 198 COMPLIANCE FORM**

RE: S8 198 Safely Plan

Dear Vendor/Contractor:

As you are aware, Senate Bill 198 required that all employers develop a safety plan. That plan was to be finalized and operational as of July 1, 1991.

In an effort to comply with the law and its many facets, we are required to have in our files a certification from each vendor/contractor that we deal with that indicates that they have an active safety plan in compliance with SB 198.

Because we are concerned with safety and because we are certain that you are as well, please sign below to certify that you have complied with all of the provisions of SB 198.

We need to have this letter returned to our office before any payments can be made for your services.

Thank you.

I certify that our company has complied with all the provisions of SB 198 and can provide a copy of the written plan (required of companies with 50 or more employees) or outline of verbal plan (required of companies with 10-50 employees) to Avalon upon request.

Certified by: \_\_\_\_\_  
(Signature)

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

**Self Employed Certification Form**

Dear Vendor/Contractor

If you are self-employed and are not legally required to carry workers compensation, please execute the certification below and return to our office.

Please note that all corporations \*must\* have workers compensation.

Sincerely,

Avalon Management

Self Employed Certification and Agreement

I certify that I am self-employed, have no employees and I am not legally required to carry workers compensation. I agree that if this status ever changes I will obtain the required coverage prior to performing or providing any services and update you with a new form immediately. I agree that if I misrepresent any facts regarding my self-employment status I will be responsible for any and all costs incurred by Avalon and/or the owner of the property I am performing services for as a result of such misrepresentation, including but not limited to payment of premiums.

Company: \_\_\_\_\_

By: \_\_\_\_\_  
(Please Print)

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

Title: \_\_\_\_\_

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





January 9, 2017

## INVOICE SUBMISSION GUIDELINES

Invoices can be submitted in one of two ways:

### 1. Email to: [ApScan@AvalonWeb.com](mailto:ApScan@AvalonWeb.com)

\*Please be advised that this is an unattended email account for the submission of invoices only. If you have questions about an invoice please contact our accounts payable department via email at: [ap@AvalonWeb.com](mailto:ap@AvalonWeb.com)

#### Important Notice for Email Submissions:

- Your invoice should be submitted as a type written black and white PDF document and should be separated by Association.
- Each PDF should contain your invoice along with any and all applicable back up documentation, such as a work order (within the same PDF). Each PDF will be treated as a separate invoice.
- **Quickbook Users:** Please note that if you are submitting invoices from within Quickbooks, your invoice has a high chance of being rejected as Quickbooks sends invoices out from the email address: "donotreply@intuit.com" which is often marked as spam, and we cannot send a confirming email back to you. It is strongly suggested that you send invoices from an email that we can send a confirming email to.

### 2. Mail invoices to our payables lockbox at:

{Name of Association}  
c/o Avalon Management AP Dept  
PO Box 4579-Dept 104  
Houston, TX 77210-4579

To expedite the payment process, a completed association issued work order must be submitted along with the invoice. We **do not** pay from faxes or statements. Failure to comply will result in delayed payment processing.

**If an invoice has been returned to you for incorrect submission/ missing documentation, please apply revisions as necessary and resubmit the full invoice, including any back up documentation (such as work orders) either via [apscan@avalonweb.com](mailto:apscan@avalonweb.com) or via mail.**

It is important that these guidelines be followed, our goal is to process and pay all invoices in a timely manner! Should you have any questions regarding invoice submission or payment processing, please do not hesitate to contact me. My contact information can be found on the header of this page.

Thank you,

Amanda Wardlaw  
Accounts Payable Department Manager