

Dear Vendor:

Welcome to WESTCAL MANAGEMENT. Westcal represents numerous commercial and residential properties throughout the United States acting as agents for various owners.

The accounting/payment system begins by invoicing the property where work was performed. All invoices are approved by on-site management and then forwarded to Westcal's corporate office for payment. Checks are issued between the 15<sup>th</sup> and 20<sup>th</sup> of each month. Westcal requires net 30 terms from all vendors unless previously agreed to terms have been discussed with the property supervisor.

All vendors must complete a W-9, Request for Taxpayer Identification Number and Certification. Please be sure to check the appropriate box denoting your corporate status. All vendors meeting the current IRS requirements will be sent a Form 1099 at the end of the year.

Westcal Management requires all vendors performing services at any property must carry worker's compensation insurance, as well as general liability insurance. A certificate of insurance must be issued from your carrier naming Westcal Management as the certificate holder for both worker's compensation and general liability. The certification for worker's compensation and general liability must be furnished before any work may be started.

Thank you for your cooperation and we look forward to doing business with you!

Sincerely,  
WESTCAL MANAGEMENT

I have read the above vendor letter and understand all of the terms and conditions. In all circumstances, I will hold the property where the work is performed and WESTCAL MANAGEMENT harmless for any injuries I may sustain while performing work at related property.

Signed \_\_\_\_\_

Date \_\_\_\_\_

## VENDOR AGREEMENT

WESTCAL Management acts as the management agent for the clients owning apartment and commercial buildings. When WESTCAL orders goods and services for these client buildings, WESTCAL is acting as the agent for the owner.

WESTCAL policy is to pay for goods and services supplied to our clients, on or around the 20<sup>th</sup> day of the month following the date of the invoice. However, conditions may arise where owners have not made funds available in time to make the check run, so invoices may not be paid per the policy.

YOUR SIGNATURE ON THIS AGREEMENT VERIFIES YOUR ACKNOWLEDGEMENT THAT WESTCAL MANAGEMENT IS ACTING AS THE MANAGEMENT AGENT FOR THE OWNER AND THAT YOU WAIVE ANY RIGHTS TO RECOVER UNPAID INVOICES FROM WESTCAL.

TO ASSIST WESTCAL IN TIMELY PAYMENTS, WE ASK FOR THE FOLLOWING:

1. Send invoices that are numbered and in duplicate.
2. Show the name of the person who placed the order.
3. Show the name and address of the property where goods or services were delivered.
4. Make no change in price, terms, quantity, quality, or delivery date without written consent.
5. Notify WESTCAL in writing if a separate building account falls more than 30 days late.
6. If you provide services, furnish WESTCAL with a Certificate of Insurance indicating Liability Coverage of at least \$500,000.
7. If you provide services, furnish WESTCAL with proof of Workers' Compensation coverage.

We appreciate the opportunity of doing business with your organization. To eliminate the possibility of a future misunderstanding, we ask that you acknowledge the terms and conditions recited herein and return an executed copy of this agreement for our records. If we do not receive your signed copy within fourteen (14) days of receipt, we will assume you are unable to acknowledge and/or approve this agreement. In that case, we will be forced to remove your company name from our list of approved vendors.

Sincerely,  
WESTCAL Management

\_\_\_\_\_  
Property Manager, Agent for WESTCAL

\_\_\_\_\_  
Resident Manager, Agent for WESTCAL or  
Corporate Representative for WESTCAL

We need the following information before we can issue payments to you and/or your company:

ACKNOWLEDGED AND APPROVED:

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

Tax ID Number: \_\_\_\_\_

Circle One:      Corporation                      DBA

Sole-Proprietorship

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

Contract Surety Bond #: \_\_\_\_\_

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

State Contractors Reg. #: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Address: \_\_\_\_\_

Type of Service Offered: \_\_\_\_\_

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

Location of Work to be Done: \_\_\_\_\_

Phone Number: \_\_\_\_\_



## VENDOR INFORMATION

Vendor: \_\_\_\_\_ Phone#: \_\_\_\_\_

What is your rate? \_\_\_\_\_

How do you charge – on the hour, ½ hour, ¼ hour, or by the job? \_\_\_\_\_

Do you charge for estimates? \_\_\_\_\_ If yes, \$ \_\_\_\_\_

Do you charge for a service call in addition to your hourly rate? \_\_\_\_\_  
If yes, \$ \_\_\_\_\_

Do you have a Certificate of Insurance? \_\_\_\_\_  
Please provide copy to us.

Do you have employees/workmen? \_\_\_\_\_ If so, how many? \_\_\_\_\_  
Do you provide Workers' Compensation for them? \_\_\_\_\_

Do you have a Contractors License? \_\_\_\_\_ If so, what type? \_\_\_\_\_  
Please provide copy to us.

What area of work do you specialize in? \_\_\_\_\_

Please provide a list of specific work that you do/don't do.

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Please provide a list of references. \_\_\_\_\_

Job callbacks? \_\_\_\_\_ Charge? \_\_\_\_\_ If so, \$ \_\_\_\_\_

Comments: \_\_\_\_\_

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

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	<b>Westcal Management                  P.O. Box 417127                  Sacramento, CA 95841</b>	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II 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 am a U.S. citizen or other U.S. person (defined below).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### 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.