

Westcal Management Vendor Packet

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

The payment processing system begins by invoicing the property where work was performed. Checks are issued between the 15th and 20th 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 provide proof of current coverage of general liability insurance and worker's compensation insurance coverage. A certificate of liability insurance must be issued from your insurance carrier naming Westcal Management as the certificate holder for worker's compensation and general liability. The certificate stating worker's compensation and general liability must be furnished to our corporate office before any work may be started onsite.

Thank you for your cooperation, Westcal Management looks forward to working with you and your company to meet and exceed the needs of our clients!

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.

Vendor Signature _____ Date _____

Who referred you to Westcal Management? _____

VENDOR AGREEMENT

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

Westcal Management policy is to pay for goods and services supplied to our clients, on or around the 20th day of the month following the date of the invoice. However, conditions may arise where owners have not made funds available in time to process payment, therefore we cannot guarantee payments will be sent on this date each month.

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 MANAGEMENT.

To assist us in processing timely payments, we ask for the following:

1. Send invoices that are numbered.
2. Address to: Westcal Management P.O. Box 417127 Sacramento, CA 95841
3. Show the name of the person who placed the order.
4. Show the name and address of the property where the goods and/or services were delivered.
5. Make no change in price, terms, quantity, quality or delivery date without written consent.
6. Notify Westcal Management in writing if a separate building account falls more than 30 days in arrears.
7. If you provide services onsite, you **must** furnish Westcal Management with a certificate of liability insurance indicating current insurance coverage of at least \$1,000,000.00 for both general liability and worker's compensation coverage, and the certificate must be received by Westcal Management prior to any work being started/performed onsite.

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.

Sincerely,
WESTCAL Management

Regional Manager, Agent 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 #: _____
Circle One: Corporation DBA Sole-Proprietor

By: Signature _____ Contract Surety Bond #: _____

Print: _____ State Contractors Reg. #: _____

Dated this ____ ay of _____, 20____

Address: _____ Type of Service Offered: _____
City, State, Zip: _____ Location of Work to be done: _____
Phone Number: _____ 2nd: _____
Email: _____ 2nd: _____

MAILING ADDRESS FOR PAYMENT OF VENDOR INVOICES:

Address: _____
City, State, Zip: _____

VENDOR INFORMATION

Vendor: _____ Phone # _____

What is your rate for service? \$ _____

How do you charge – on the hour, ½ hour, ¼ hour, or by 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, by emailing with your completed application.

Do you have employees/workmen? _____ If so, how many? _____

Do you have contractor's license? _____ If so, what type? _____

Please provide copy to us, by emailing with your completed application.

What area of work do you specialize in? _____

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

Please provide a list of references:

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

Comments:

Signature: _____ Date _____

Internal Use Only:

WESTCAL Management

Regional Manager or Approving Agent for WESTCAL

Date of approval