New Vendor Form

Legal Business Name: _____

DBA Name (if applicable): _____

Remittance Address: _____

_____

Main Contact Name: _____ Phone: _____

EIN:_____

Accounting/Billing Department Contact: _____

Accounting/Billing Department Email: _____

Accounting/Billing Department Phone: _____

PLEASE NOTE:

The Accounting/Billing contact will receive an email invitation to **Yardi Vendor Café**, where they will enter corporate W-9 information, and upload a Certificate of Insurance (if applicable).

EFT and check are the two payment methods available. EFT is the preferred method. Checks are cut at a processing center and are not available locally.

No work is authorized until your Vendor Café account is complete.

FOR INTERNAL USE ONLY

Property/Entity Requesting Vendor Set-Up: _____

Will the Vendor be performing work on the Property? ☐ No ☐ Yes (*COI Required*)

Type of Work or usual General Ledger Account #: _____

*** Do NOT authorize a vendor to begin any work until you have confirmed that their W-9 and COI have been submitted and meet requirements and that their Vendor Café account is complete.