

**VENDOR APPLICATION FORM**  
For Doing Business With Associations Managed By  
**COMMUNITY MANAGEMENT, INC., AAMC**

**For CMI Use:**

**Vendor Number:** \_\_\_\_\_

**Acceptance Date:** \_\_\_\_\_

- New Application
- Updated Application
- Revised Application

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

**Federal ID:** \_\_\_\_\_  
**Or Social Security Number**

**1. Applicant's Name & Mailing Address**

**2. Mailing Address for Payments (if different from item 1.**

- 3. Type of Organization**  
 Individual     Partnership     Corporation     Non Profit Organization

**4. State Tax ID Number:** \_\_\_\_\_

**5. Federal Tax ID Number:** \_\_\_\_\_

**6. Year business was established** \_\_\_\_\_

**7. Person to contact for bids or proposals**

**Name/Title** \_\_\_\_\_

**Contact Numbers: Telephone** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Cell:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Fax #** (    ) \_\_\_\_\_ - \_\_\_\_\_

**8. Person authorized as Agent to sign Bids & Contracts:**

\_\_\_\_\_ Title \_\_\_\_\_

Contact Numbers: Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

**9. Type of Business** \_\_\_\_\_

**10. Oregon/Washington Or Contractor's License Number** \_\_\_\_\_

**11. Location of Main Office** [ ] Oregon [ ] Washington [ ] \_\_\_\_\_

**12. Name of Officers, Members, or Owners of Concern, Partnership, Etc.:**

A. President \_\_\_\_\_

B. Vice-President \_\_\_\_\_

C. Owners or Partners \_\_\_\_\_

**13. Member of:**

[ ] CAI (Community Associations Institute)

[ ] OWCAM (Oregon Washington Community Association Managers)

[ ] HBA (Home Builder's Association)

[ ] Other: (please list) \_\_\_\_\_

**14. Attach Completed W-9 form**

**15. Attach Certificate of Liability Insurance**

**16. Attach Certificate of Workman's Compensation Insurance**

**17. Attach copy of Business License/Contractor's License/Landscape License**

**DISCLOSURES & PROCEDURES:**

- Vendor must update insurance information annually or whenever there is a change of carrier or status.
- Vendor understands that CMI is not the contracting party and that all service (labor & materials) rendered by Vendor is provided or delivered to the Contracting Association.
- Contracts or acceptance of proposals will be executed by an authorized member of the Contracting Association.
- Vendor understands that all invoices are to be submitted individually to the Contracting Association via email to \_\_\_\_\_ [communitymgt@payableslockbox.com](mailto:communitymgt@payableslockbox.com), or by mail to Contracting Association, c/o CMI, PO Box 62229, Irvine, CA 92602. Please see page 10-12 for more information.
- Invoices submitted by the 5<sup>th</sup> of each month will be processed in the first accounts payable cycle 10<sup>th</sup> – 15<sup>th</sup> of each month.
- Invoices submitted by the 20<sup>th</sup> of each month will be processed in the second accounts payable cycle 25<sup>th</sup> – 30<sup>th</sup> of each month.
- Vendor is responsible for insurance to protect all supplies, materials, product liability, and equipment.
- Vendor represents that all employees who are assigned to work on the property of the Contracting Association have been vetted for legal work status.
- Vendor represents that all employees who are assigned to work on the property of the Contracting Association is covered by workers compensation insurance.
- Vendor understands that the submission of this application does not guarantee that vendor will be awarded work or contracts.

I certify that the information supplied herein (including all pages attached) is correct. I also certify that I have read the Disclosures & Procedures and agree to abide by these terms and conditions.

Signature of person authorized to sign application

Name \_\_\_\_\_

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



Community Management, Inc.

## CERTIFICATE OF INSURANCE (COI)

### FAQ

1. What is a Certificate of Insurance (COI) and where do I get this information?
  - (A) The Certificate of Insurance is a form filled out by your **Insurance Agent**, which provides details of your insurance carrier and the types and amount of insurance coverage you carry.\*
2. What kind of insurance do I need?
  - ✓ **Basic Liability Insurance (General Liability)** in the amount that is required for the service you provide. Oftentimes there are minimum coverages you must maintain associated with your business license. Specialty Contractors may have a higher standard of insurance coverage. CMI does not mandate the amount of coverage.
  - ✓ **Worker's Compensation Insurance (WC)** is required if you have employees. If you are a **Sole Proprietor**, WC is not required.
3. Who is CMI?
  - (A) We are COMMUNITY MANAGEMENT, INC., and we provide Management services to Homeowner Associations and Planned Unit Developments in Oregon and Washington.
4. Why are you requesting this information?
  - (A) We are the record keepers for our clients. You are a Vendor that supplies services to one or more of our clients. It is one of our responsibilities to keep track of Vendor credentials who work for our clients.
5. Why do you need our insurance information?
  - (A) Insurance carriers for our clients have the right to conduct audits to verify that Vendors working on the client's properties carries appropriate liability and worker's compensation coverage. If Vendors cannot demonstrate that they have required liability and Worker's Compensation the client can be liable for the costs of this insurance. Insurance carriers can bill the HOA for any lack of insurance coverage. This "back billing" can include penalties and interest that is charged to the HOA.
6. We supplied this information when we filled out the Vendor Application with CMI. Why are you asking for it again?
  - (A) Your insurance information was for your current policy period. The policy period changes each year. CMI must receive a COI each year as you may have changed insurance companies or your worker's compensation requirements may have changed. Other changes may be your mailing address or ownership changes which will be noted in the new COI.

**THANK YOU FOR YOUR COOPERATION  
COMMUNITY MANAGEMENT, INC., AAMC**

\*If you are a Washington business, and you are not a Sole Proprietor, you must request your proof of WC Insurance from the State of Washington's Department of Labor & Industries. They will provide a COI confirming WC coverage, and we will use the date on that document as the "expiration date" for annual renewal notices in our system. CMI is currently aware of the following process for you to locate your WC cert: go to the Dept. of L&I [VERIFY TOOL](#) page and type in your business name. Choose your business from the provided list and click on the link "Certificate of Worker's Comp Coverage." This is the document you must submit to CMI.

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |  |  |
|--|---|---|--|--|
| <b>Print or type.<br/>See Specific Instructions on page 3.</b>             | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |   |  |  |
|  | <b>2</b> Business name/disregarded entity name, if different from above   |   |  |  |
|  | <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  |   | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |  |
|  | <input type="checkbox"/> Individual/sole proprietor or single-member LLC  | <input type="checkbox"/> C Corporation  |  | <input type="checkbox"/> S Corporation |
|  | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____  | <input type="checkbox"/> Partnership    |  | <input type="checkbox"/> Trust/estate  |
|  | <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. |   |  |  |
|  | <input type="checkbox"/> Other (see instructions) ►   |   |  |  |
| <b>5</b> Address (number, street, and apt. or suite no.) See instructions. |   | Requester's name and address (optional) |  |  |
| <b>6</b> City, state, and ZIP code   |   |   |  |  |
| <b>7</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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                       |  |  |  |   |  |  |   |  |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  | - |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

|                  |                                   |               |
|------------------|-----------------------------------|---------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b> ► | <b>Date</b> ► |
|------------------|-----------------------------------|---------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



Community Management, Inc.

March 13, 2023

Dear Vendor:

CMI has partnered with AVIDXChange since 2016 to process payments to vendors. We have just undertaken a major software conversion that includes some changes to AVID, which is now referred to as STRONGROOM. Same company, different branding.

When you opt to become a CMI-approved Vendor, you are also entering into an agreement with STRONGROOM (AVID). This letter authorizes STRONGROOM to contact you to obtain information that is required to participate in this electronic invoice and/or bill paying program.

Here is what you can expect:

- You will be contacted for information.
- STRONGROOM will have the authority to undertake the following actions:
  - Request & receive electronic (PDF) invoices rather than paper invoices.
  - Request information on your accounts receivable process, including payment delivery preferences, i.e. the ability to accept electronic payments or if you prefer a paper check.
  - Authorize modifications to Community Management, Inc. "Bill to" address.  
**PLEASE NOTE THAT ALL INVOICES SHALL BE ADDRESSED TO THE NAME OF THE HOMEOWNER ASSOCIATION, AND NOT CMI.**
    - ✓ For paper invoice submissions, authorize a change of billing address.
    - ✓ For electronic invoice submission, authorize correct email address for receipt.
  - STRONGROOM shall also have the authority to correct billing errors, receive and issue payment of refunds or issue credits and perform other similar services.

Please do not hesitate to contact the undersigned if you have any questions.

Yours truly,  
COMMUNITY MANAGEMENT, INC, AAMC

Denise Bower, President

We wanted to let you know that we've partnered with AvidXchange to automate our accounts payable and payment process. We're reaching out today to let you know what that means for you.

### Who Is AvidXchange and What Do They Do?

AvidXchange helps businesses like ours speed up the way we review and approve invoices. This means you can get paid on time for the work you've already done. In fact, AvidXchange processes more than \$145 billion in transactions annually across their AvidPay Network of more than 700,000 suppliers.

### Your Action is Required.

AvidXchange needs 2 things from you to ensure a seamless transition to this new payment process.

#### 1. Update how you submit invoices

Starting today, please send invoices for Community Management, Inc. to AvidXchange using one of these two options:

|  |   |
|--|---|
| Email your invoice to:<br>communitymgt@payableslockbox.com | Mail your invoice to:<br>PO Box 62229<br>Irvine, CA 92602 |
|--|---|




*Note: When emailing invoices, attachments can be sent as PDF (preferred), Word, Excel, JPEG, TIFF, or an email with no attachment (the email itself would be used as the invoice). Only one invoice can be included per attachment, but an email can contain multiple attachments.*

- For postal invoices you must include the Dept. number on the address. If you do not include the department on the address your invoice will not get processed.
- Place the company address above on all invoices themselves and not just the envelopes. This will ensure your invoice gets routed to the proper location.

#### 2. Choose your preferred method of payment

As part of the AvidPay Network, you'll have access to a dedicated team at AvidXchange who is 100% focused on facilitating payments. With thousands of payments being processed every day, you can rest assured knowing that your funds will be delivered as quickly and seamlessly as possible.

AvidXchange offers a variety of payment delivery options tailored to fit your specific business needs. Whether it's speed, security or seamless transactions that matter most to you, AvidXchange helps you take control of how you get paid.

|  |   |   |
|--|---|---|
| <br><b>MASTERCARD</b><br>Mastercard is our most popular, fastest and secure e-payment method.<br><ul style="list-style-type: none"><li>✓ Get payments by email within one business day after payment approval</li><li>✓ Transactions monitored 24/7 by AvidXchange</li><li>✓ Receive a one-time use, virtual Mastercard through a variety of delivery options</li></ul> <p>Fees from your merchant account may apply.</p> | <br><b>AVIDPAY DIRECT</b><br>AvidPay Direct is our enhanced Direct Deposit option.<br><ul style="list-style-type: none"><li>✓ Get payments within three business days after payment approval</li><li>✓ Transactions monitored 24/7 by AvidXchange</li><li>✓ Funds deposited directly to your bank account</li></ul> <p>Variable transaction fees will apply.</p> | <br><b>CHECK</b><br>Paper checks are delivered by First Class USPS.<br><ul style="list-style-type: none"><li>✓ Get payments within 7-10 business days after payment approval</li></ul> |
|--|---|---|

### What's Next?

You'll need to let AvidXchange know how you'd like to receive payments from us. If your company hasn't selected your preferred payment method yet, you can do so by visiting [www.avidxchange.com/new-supplier](http://www.avidxchange.com/new-supplier) and completing the online form.

If you have any questions about AvidXchange or this new process, you can chat with their team live by visiting [www.avidxchange.com](http://www.avidxchange.com) and clicking on the chat feature on the bottom right-hand corner of your screen. Or you can drop them a note by visiting [www.avidxchange.com/supplier-care/](http://www.avidxchange.com/supplier-care/) and selecting 'General Support' when prompted.

And as always, if you have any questions for us at Community Management, Inc., you can contact [cmi@communitymgt.com](mailto:cmi@communitymgt.com) or call 503-233-0300. On behalf of Community Management, Inc. and AvidXchange, welcome to the AvidPay Network!