

FAX

TO: Accounting Dept

FROM:

FAX: 916-471-0451

FAX:

PHONE: 951-756-2899

PHONE:

SUBJECT: Vendor Set up

DATE:

EMAIL: ramosrealty@yahoo.com

- CERTIFICATE OF LIABILITY
- VENDOR PACKET AGREEMENT
- DIRECT DEPOSIT FORM
- W-9
- BUSINESS OF CONTRACTORS LICENSE



River Valley Property Management Vendor Packet Agreement

River Valley Property Management (RVPM), is a full-service property management company, primarily managing single family homes for our clients. We currently manage over 400 single family homes and two apartment complexes covering all of Sacramento, Placer and El Dorado Counties. Should you receive a request for an area you don't cover, please notify us at "rivervalleymaintenance@yahoo.com" or email the Property Manager who sent you the service request for us to promptly reach out to another vendor to take care of our tenant/owner needs.

Thank you for your interest in being part of the RVPM **Vendor** family. We look forward to a mutual business relationship. Before we get started, we need to collect some information from you to verify your business. Once completed, all forms are to be returned to our maintenance director at rivervalleymaintenance@yahoo.com or to the Property Manager whom you have been communicating with.

Information required:

1. Business Name DBA if applicable
2. Business Email
3. Business Phone Number
4. Business Contact Person
5. Business Address
6. Nature of Work Provided
7. Copy of Certificate of Insurance
- 10: Hours of Operation
11. Do You Offer After Hours Emergency Appointments?
12. W-9
13. Service Areas

COMPANY POLICIES

By signing below, you acknowledge that you understand and will adhere to said policies put in place for the safety, security and liability reasons of all parties involved. We seek business partners who adhere to the highest ethical standards in their business practices and their interaction with River Valley Property Management

1. River Valley Property Management to be named as "additional insured" and proof of such, supplied prior to vendor being accepted to our vendor program
2. Invoices must be received within no later than 5 days after completing the service request. If received after 14 days, there might be a chance of not getting paid. It is critical that in the cases of a vacancy turn ALL invoices be sent by no later than two days after work is completed.
3. RVPM acts in the capacity of "agent for owner". RVPM to be held harmless should any invoices be disputed by tenant/owner. It will be the vendors responsibility to defend his/her position and provide any supporting evidence/documentation on services rendered and fees charged.

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4. Vendor should on no occasion discuss services requested/rendered between the owner and/or RVPM. Vendor must simply inform tenant they are not authorized to discuss the service request and direct them back to their Property Manager.
5. Once new work orders are received, vendor is to immediately acknowledge receipt and within 24 hours contact the tenant to schedule service.
6. Vendor understands invoices are paid out once a month on or before the 15th of each month. Invoices received after the 1st of any given month might not be paid out until the following month. Please submit invoices in a timely manner.
7. Vendor to always conduct him/herself in a courteous and professional manner. Should any issues arise with a tenant/owner, please notify the Property Manager immediately.
8. Vendors to comply with all Government/Regulatory Compliance for the safety of all involved, Example: Covid 19 requirements, wearing mask, gloves, etc.
9. Vendor understands that he/she may only perform work as requested by RVPM. At times, while vendor is at the property, a tenant may ask to do additional work. Vendor must contact the person who submitted the work order for approval on additional items found/requested. Vendor will be paid only for services approved.
10. There shall be no discrimination against or segregation of any person or group of persons on account of race, color, religion, sex, individual gender, marital status, ancestry, national origin, disability, or familial status while providing services on behalf of RVPM.
11. There should be no implied or otherwise sexual harassment to RVPM management, employees, tenants, at any time.
12. If vendor is working in the capacity whereas a business license or contractor's license is required by California Law for the services provided, it is the vendors responsibility to keep and provide RVPM with current copies of said license and agrees to hold said license in good standing.
13. Vendor understands that no person is to provide services unless party is fully insured. This is mainly for a general contractor who is sub-contracting out work to other parties. In this case "contractor" or vendor on file holds all responsibility for work done.
14. At no time should vendor be under the influence of drugs or alcohol while performing work for RVPM.



River Valley Property Management Vendor Packet Agreement

Vendor's Name

Vendor's Address

/

Vendor's Authorized Representative Name/ and Signature

Date

Vendor's Email Address

Vendor's Phone Number

Hours of operation

Nature of work provided



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **RAUL RAMOS JR REALTY AND INVESTMENT PROPERTIES INC. DBA RIVER VALLEY PROPERTY MANAGEMENT** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **RAUL RAMOS JR REALTY AND INVESTMENT PROPERTIES INC. DBA RIVER VALLEY PROPERTY MANAGEMENT** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **RAUL RAMOS JR REALTY AND INVESTMENT PROPERTIES INC. DBA RIVER VALLEY PROPERTY MANAGEMENT** receives a written notice of cancellation from me or my financial institution, or until I submit a new Direct Deposit Agreement Form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Company Name: _____

Print Name (Primary & Joint): _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Email Address (Primary) _____

Email Address (Secondary) _____

Rental Property Address _____

Please return this form to ramosrealty@yahoo.com or fax to 916-404-5763

I decline direct deposit.

Signature: _____

Date _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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

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); and
4. 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.

Sign Here	Signature of U.S. person	Date
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they