



Vendor Sign up Introduction

U. R. Why!

Welcome aboard! We are thrilled to have your company join our community of amazing vendors and we look forward to working together to deliver quality products and services to our communities. We take pride in establishing strong, long-lasting vendor relations throughout our portfolio. Please take a moment to review our requirements and best practices to ensure we can process payments timely and efficiently.

As you review the vendor pack, please know that we are here to support you in the set-up process. If you have questions or need assistance, do not hesitate to contact Vendor Support.

Cheers to a fantastic journey in our partnership together!

Requirements and Best Practices

- **Purchase Order Numbers** - **PO numbers are REQUIRED for all services**; please request this number from the property manager and do not perform work or deliver supplies prior to receiving. The PO number is **REQUIRED** to be listed on the invoice.
 - Exemptions: Emergency calls, with Regional Director approval, and re-occurring dues. ○
 - PO Number Format- 5 digits, no letters - XXXXX
- **Paymode-X**- We **require** all vendors to be set up and connected via Paymode-X. If the company does not already have a Paymode-X account, go to <https://go.paymode.com/OROCapitalAdvisors/G-R7M8FCHNY> for account setup. For companies that have an active Paymode-X account, navigate to payers and submit the invite code for connection. **Invite code- G-LPJCK5JVH**
 - Upload invoices directly
 - PDF files only (**Required**)
 - Review the status of your invoices and payment remittance details.
 - Enable and select ACH payment options
- **Billing**- Invoices should never be given directly to the property. This will result in possible non-payment or massive delays. Invoices also must have the correct 'Bill to' and 'Service address' information correlating to the property of service, NEVER Unified Residential Management. (example below).
- **Statements**- Due to our vendors submitting their own invoices, we require that you notify our Accounts Payable department for invoices greater than 60 days unpaid.

Invoicing and Contact Details

Invoice Bill to Name and Address: Name of property that was serviced. 10330 Lake Rd. Suite DD Houston, Tx 77070	Service Address: Name of the property Property's address with unit # (If applicable).
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Accounts Payable- AP@Unified-Residential.com - For Statements and communication ONLY!

PLEASE SEND ALL VENDOR SETUP DOCUMENTS OR QUESTIONS TO: VENDOR@UNIFIED-RESIDENTIAL.COM



Request to Add Vendor - MISSOURI

***Company**

Name:

Address:

***Remit Address (if different):**

***Phone Number:**

***Email Address:**

Type of Business:

(What services will be provided?)

***Are you related to anyone at URM? Yes / No**

Name: _____
(First and Last Name of relative)

Payment Terms:

VENDOR PAYMENT INFORMATION (Check all methods accepted):

- ☐ (Preferred) ACH:
Complete the attached ACH authorization form and return it with a voided check. If checks are unavailable, please supply an ACH authorization form from the bank. This will bypass the *required* voided check.
- ☐ Check

VENDOR DOCUMENTATION REQUIREMENTS

Please supply the following documentation, as required.

Copy of W-9 dated within the current year

Certificates of Insurance - Certificates of insurance must have the legal name of the property listed as the certificate holder for each property the vendor services are to be provided.

- Delivery Only:
 - ☐ *Commercial automobile insurance requirement: minimum of \$1,000,000 combined single limit coverage for all owned, hired, or non-owned vehicles.*
- On-Site Vendors:
 - ☐ *Minimum requirements for General Liability Insurance: Combined Single Limits for Bodily Injury and Property Damage of \$500,000 each occurrence and \$500,000 in the aggregate unless higher amounts are required by the owner. **Total of \$1,000,000.***
 - ☐ *Commercial automobile insurance requirement: minimum of \$1,000,000 combined single limit coverage for all owned, hired, or non-owned vehicles.*
 - ☐ *Workers' Compensation insurance Minimum \$500,000 required or exemption certificate.*

Certificate of Insurance – Legal Entity Names (**Please use the listed legal names under certificate holder section; one per certificate**)

275 On the Park – Oro 275 CCCR LLC- 275 Union Boulevard St. Louis, MO 63108
Delmar- Oro Delmar LLC – 5621 Delmar Boulevard St. Louis, MO 63112
Chesterfield, Waterman-Clara, Embassy –Oro CWE LLC – 530 Union Boulevard St. Louis, MO 63108



ACH AUTHORIZATION FORM

AUTOMATIC DEPOSIT

The undersigned hereby authorizes DSM Group, Inc. (the Management Company) to make deposits into the account identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain in full force and effect unless written notification is received.

Financial Institution Name:

Address:

City:

St:

Zip:

Routing Number:

Account Number:

Email address for billing contact:

Print Name of Authorized Agent:

Authorized Signature Date:

Authorized Signature

Date

****SUBMIT A VOIDED CHECK WITH THIS COMPLETED FORM. IF CHECKS ARE UNAVAILABLE, PLEASE PROVIDE AN ACH AUTHORIZATION FORM FROM THE BANK. ****



Vendor Acknowledgement

By signing this form, I agree and acknowledge Unified Residential Management's invoicing requirements and key details. The following forms are to be completed and provided to Vendor Support prior to any exchange between said vendor and any Unified Residential Managed properties:

- ☐ Vendor Application (Page 2- fully filled out)
- ☐ W-9 (signed and dated within the current year)
- ☐ ACH Enrollment Form and Voided check or Bank's ACH authorization form
- ☐ Certificate of Insurance for all Onsite and Delivery vendors
 - a. Property's Legal name and address listed as the certificate holder
- ☐ Paymode-X account setup and invite submission
 - a. Invite *code*- G-LPJCK5JVH
- ☐ Vendor Acknowledgement form

By signing below, the vendor agrees to send all the additional forms along with this Vendor Acknowledgement statement.

As a duly authorized representative of said vendor, I hereby acknowledge receipt of the vendor packet and will comply with all responsibilities of submitting invoices per the terms and conditions set forth in the fully executed contract or agreement between the parties.

Printed Name

Signature

Title

Date