INFORMATION SHEET

Company Name _____

    Will Invoices Be billed Under the Same Name: N   Y

Address _____ **City** _____ **State** _____ **Zip** _____

Main Phone _____ **Fax Number** _____ **Cell Phone** _____

Email Address _____ **Website Address** _____

Federal ID # _____ **<OR> SSN** _____

Licensed? N   Y (if yes, # _____ **)**   **Bonded?   N   Y**

Regular Hourly Rate _____

Overtime Hourly Rate _____

Service Call Rate _____

> Important Note: Companies Charging Hourly Rates Will Be Given Preference Over Flat Rate Companies. Flat Rate Companies Should Attach A Pricing Schedule.

Please describe the basic area you are able to cover for standard service calls

_____

_____

Please list trades your company performs. Please note if a mechanical trade is listed, a license number for each is required (i.e., if electric is listed, an electrical license must be listed as well).

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Information Provided By:

_____   _____

Name   **Signature**

_____

Date of Agreement

As a preferred and certified service provider for Alert Self Performance, LLC (ASP), the following guidelines and the attached "Information Sheet" must be completed. Thank you for your patience and consideration in completing this information, as it will help us ensure we provide you and our clients with the best possible service.

Commencement of work shall imply agreement to Purchase Order as well as the requirements outlined in the Contractor's Agreement.

All work must be scheduled with the store manager prior to arrival at contracted location. Trip charges for unscheduled work will not be accepted. Purchase Orders may require on-site technician to check in and out by use of the store's telephone. Failure to do so may result in delayed payment.

Work is to be performed by employees on the payroll of the company listed on the ASP purchase order. No subcontracting of work is permitted. Any companies completing the work must be named on purchase order provided by ASP.

Purchase Order dates and amounts must be adhered to unless called into ASP prior to expiration of complete by date or before exceeding monetary cutoff amount. Invoices exceeding the monetary cutoff figure will not be put in the payment process until agreement on the new amount has been reached.

Changes to the original Purchase Order are to be approved by ASP representatives ONLY. No store personnel or corporate office personnel are authorized to approve additional charges, changes in scope or extensions to time restraints.

In cases where photos are a requirement of the Purchase Order, work will not be considered complete until photos are received.

All complete work should be billed within seven (7) days of completion. Contractors who invoice sooner (preferably the same day as service) will be given priority status. Invoices not received within thirty (30) days of completion may be subject to delays in payment or complete forfeiture. Invoices not received within ninety (90) days of completion will not be considered for payment.

Signed, time verification with the store manager (or manager on duty) and store stamp must accompany the invoice. Signed verification will be used primarily to confirm times/dates of service, not necessarily a binding acceptance of satisfactory work.

Where IVR is noted as being necessary, contractor must ensure these considerations are met before invoicing can be accepted. Invoices for service requiring photos upon completion will not be accepted until pictures are received.

Invoices must include breakdown of costs, to include the following: Labor broken down by man-hours, applicable service or travel charges, any materials used (each listed separately), **and all applicate local taxes. Contractor will be held responsible for proper taxation, unless exemption certificate has been issued.**

Invoices must include complete detailed description of how requested work was completed. Invoices with generic or vague descriptions of work may be returned to contractor for further information. Billing cycle will not begin until these details are obtained.

Invoices should include the ASP purchase order number and store name with corresponding store number.

INVOICES MEETING APPROVAL GUIDELINES WILL BE PAID FORTY-FIVE (45) DAYS FROM THEIR RECEIPT.

Contractor must carry insurance, regardless of local requirements, to include: General Liability (no less than $1,000,000), Auto (no less than 1,000,000), Each Occurrence and Property Damage ($250,000) and Worker's Compensation. Amounts must meet any limits required by local property and or/landlords.

Payment may not be issued until insurance (to include outdated certificates) and invoice requirements, as listed in the agreement, are met.

To the full extent permitted by law, the contractor will indemnify and hold harmless ASP, it's agents and employees from and against any and all claims, damages, losses and expense, including attorney fees arising out of performance of work attributable to bodily injury or property damage caused by negligent acts or omissions of the contractor, anyone directly or indirectly employed by them regardless of whether or not such damage, loss or expense is caused in part by ASP including supervision of contractor's work.

Contractor is required to know and comply with any local ordinances or permitting requirements, as well as any regulations or fees required by landlord or store owner of location listed on Purchased Order.

As an authorized representative of the below named company, I understand and agree to the terms and guidelines represented above.

_____   _____   _____
Name   **Company Name**   **Date of Agreement**

_____
Authorized Signature

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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 **not** 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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

Alert Self Performance, LLC
302 Old Green Bay Road
Kenosha, WI 53144

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.

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.

Social security number

| | | | – | | | – | | | | |

or

Employer identification number

| | | – | | | | | | |

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 ▶

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.*

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.*

Cat. No. 10231X

Form **W-9** (Rev. 11-2017)