



Vendor Information & ACH Enrollment Form

Legal Company Name: _____

EIN: _____

Business Address: _____

Street Address

City State Zip

Mailing Address: _____

Street Address

City State Zip

Email: _____

Phone: _____

Do you have general liability insurance? _____ Yes (Please attach certificate) _____ No

Do you have workers' compensation insurance? _____ Yes (Please attach certificate) _____ No

Esquire Association Management (EAM) issues payments weekly for invoices submitted for services rendered. All invoices are subject to a review process whereby proper coding is needed along with approval by the Association Manager, Board, or both. To ensure the security of your payment, checks may not be picked up at our office. Although standard processing time for payments is up to 30 days, we are able to process payments in lesser time period in most every case.

_____ Initials

To ensure timely processing of your payment, please remit invoices electronically to billing@esqmanagement.com. The name of the Association you are performing services for must be clearly listed; the Association name is NOT Esquire Association Management, and should be listed as the specific community name. Invoices for multiple Associations cannot be combined and are required to be submitted separately.

_____ Initials

Vendors performing services for an Association are, as a requirement of payment, to submit their current Certificate of Insurance and W-9. Failure to submit the noted forms may result in a delay of invoice processing and/or portions of payments for services withheld in compliance with current IRS backup withholding requirements.

_____ Initials

Payments for services invoiced are processed electronically via Electronic Funds Transfer.

Name of Financial Institution: _____

Routing Number: _____ Account Number: _____

By my signature below, I hereby agree/consent to the following: (1) payment of invoices electronically via automated clearing house (ACH) to the account number indicated above; (2) I will immediately contact Esquire Association Management in the event any of the insurance(s) indicated above and attached are cancelled or I receive notice of non-renewal in regard to same; (3) any delays in receipt of information contained herein will delay receipt of any pending payment(s) and neither Esquire Association Management nor the Association shall be responsible for any late fees, interest or penalties in regard to such a delay.

Signature

Title / Position

Printed Name

Date