LYNNTHROVE MANAGEMENT LLC

www.lynnthrove.com ◆ 904 586-1600 ◆ 10066 103rd St. Suite 206 Jacksonville, FL 32210

An Association Management Company

NEW VENDOR/CONTRACTOR FORM

Community Association Name:
Lynnthrove Management LLC manages the Association as directed by the Board of Directors. Before the Association can contract with you or your firm, this form must be completed, signed and returned, along with the requested information and documents for our records.
Legal Name of Vendor/Contractor:
Mailing Address:
Phone:
Email:
Contact:
You can upload the following needed documents on our website: www.lynnthrove.com Click on Forms and Links " then "Vendor Upload Area".
1. Completed and signed W-9
 Certificate of Liability Insurance: the <u>Association's Name</u> must be listed "as additionally insured": a. using 10066 103rd Street Suite 206 Jacksonville, FL 32210 as Association's address Certificate of Worker's Compensation Insurance. Any appropriate license or certificate information.
Before Commencing Any Work:
 Estimates/Proposals/ Completed RFPs sent to Community Association Manager (CAM).
2. Estimates/Proposals to Include photos, location, start/completion dates, and clear description of work to
be performed. 3. Do not commence work until you receive written authorization from CAM.
Submit invoices to accounting@lynnthrove.com (Please include the following on invoices):
An invoice number, account number and company billing contact information.
2. A complete itemized description of work performed, dates, location, and photos of the completed work.
3. Name of CAM who authorized the work.
Invoices for completed work will be paid within 30 days after receipt.
I, the undersigned, certify that I have read the above information and that all information I have included is true
and correct. I understand and agree that no payment for services or supplies will be made until all of the above
requirements are met.
Print Name of Authorized Agent/Individual Date

Signature