



99 Tulip Avenue, Suite 302, Floral Park, NY 11001 | 134 W 29th Street, Suite 808, New York, NY 10001 | Tel 718-721-0700

Vendor Setup Form

Legal Business Name	DBA (if different)	Date	
Business Address	City / State / Zip	Website	
Contact Name & Title	Email	Phone	
Remit-To Address (if different)	A/R Contact / Email	Property/Properties Served	Requested By (Name/Dept.)

Tax Information

☐ Individual/Sole Prop. ☐ LLC ☐ Corporation ☐ Partnership ☐ Other: _____

Federal Tax ID (EIN) / SSN

Services Provided (check all that apply)

☐ Plumbing	☐ Electrical	☐ HVAC	☐ Cleaning/Janitorial
☐ Landscaping/Snow	☐ Pest Control	☐ Painting	☐ Roofing
☐ General Contractor	☐ Elevator	☐ Fire/Life Safety	☐ Other: _____

Insurance & Licensing

Insurance Carrier	Policy Number	Policy Expiration Date
General Liability Limit	License Number (if applicable)	License Expiration Date

Minimum Certificate of Insurance (COI) Requirements (vendor's COI must meet or exceed the following)

General Liability • \$1,000,000 Each Occurrence • \$2,000,000 General Aggregate • \$2,000,000 Products-Comp/Op Agg • \$1,000,000 Personal & Adv Injury • \$100,000 Damage to Rented Premises • \$50,000 Medical Expense	Auto / Umbrella • Auto: \$1,000,000 Combined Single Limit • Umbrella/Excess: \$3,000,000 Each Occurrence	Workers' Comp & Employers' Liability • \$500,000 Each Accident • \$500,000 Disease - Each Employee • \$500,000 Disease - Policy Limit • (Required unless provided on a separate document)
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Additionally insured as pertains to liability:

1. Shareholder name and address.
2. Cooperative's name and address.
3. All Area Realty Services Inc., 99 Tulip Ave., Suite 302, Floral Park NY 11001

Certificate Holder: Unit owner's first and last name (or building/association name) with full address and zip.

Also Required: Policy dates must be current (not expired); insured's full business name, address with suite and phone; producer/agent phone number; and authorized representative's name and contact number for verification.

Payment Information

☐ Check ☐ ACH / Direct Deposit

Please see the attached MEMO for AvidXChange for Payment Set Up Instructions

Invoice / Service Contract & Required Attachments

☐ Invoice	☐ Approved Service Contract	☐ Certificate of Insurance	☐ Workers' Comp Certificate
☐ Business License	☐ W-9	☐ 1099 Required	
Invoice # / Contract #	Amount	Contract Start Date	Contract End Date

I certify that the information provided above is true and correct, and I will notify All Area of any changes to this information, including insurance and banking details.

Vendor Authorized Signature	Date	Print Name
Approved By (Manager)	Date	Print Name
Accounting Approval	Date	Print Name

Vendor setup will not be completed until a signed W-9, a current COI meeting the requirements above, and the invoice or approved service contract have been received.



99 Tulip Avenue, Suite 302, Floral Park NY 11001
T: 718.721.0700 | F: 516.417.8401 | bookkeeping@aarsny.com | www.aarsny.com

Vendor Requirements & AvidXchange Onboarding

Subject: All Area Realty Services – Vendor Memorandum

Dear Valued Vendors,

All Area Realty Services has partnered with AvidXchange, a leader in accounts payable and payment automation.

All payments are now processed exclusively through AvidXchange. This lets us track invoices electronically, streamline approvals, and keep a central record of all invoice data. For you, that means accurate, secure payments with delivery options that can get you paid faster. Please review the requirements below and complete the enclosed enrollment form.

1. How to Submit Invoices

Email (preferred) aarsap@avidbill.com	Mail (to AvidXchange only) PO Box 37144 Charlotte, NC 28237
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- Do **not** email invoices to the portfolio manager or any other department. You *may* cc the AARSNY portfolio manager assigned to the account when emailing invoices to AvidXchange.
- **Do not mail or hand-deliver invoices to our office.** They will not be processed or forwarded.
- aarsap@avidbill.com is an automated (AI) inbox. It will not respond to statements or follow-up questions and only processes invoices that follow the protocols below.

2. Invoice Requirements

- **PDF only.** No Word documents or pictures. Each PDF attachment must be under 5MB.
- **One invoice per PDF.** Do not combine multiple invoices into one PDF. An email may contain multiple attachments.
- Include any necessary backup documentation with the invoice.
- **“Bill To”** must read: Building Name / Building Address / c/o All Area Realty Services
- Every invoice must also show: Property / Entity / Department Name; Ship-to / Service Address; your Business Name & Remittance Address; and a P.O. Number or Reference.

3. Payment Method & Terms

Your company is not yet registered with AvidXchange. The AvidXchange Supplier Enrollment Team will contact you, or you can complete the enclosed **Supplier Network Enrollment Form**. Choose the method that fits your business:

Fastest: Mastercard	Faster: AvidPay Direct (ACH)	Fast: Check
Payment by email within 1 business day of approval. A one-time-use virtual Mastercard is issued each time invoices are approved. Merchant account fees may apply.	Direct deposit within 3 business days of approval, with emailed payment receipts for easy reconciliation. Variable transaction fees may apply.	Checks sent via USPS 7–10 business days after approval.

- The choice is yours, but All Area Realty Services advises the standard **check** or **direct bank deposit** method.
- **All payments are net 30 days** unless prior arrangements are made.



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4. Track Your Payments

- Create a vendor login in AvidXchange using the **same email address you submit invoices from**. AvidXchange can help you set this up.
- Management will not answer emails about invoice tracking unless you have created your AvidXchange login first.

5. Contractor Insurance, Licenses & Certifications

As part of our risk management protocols, all vendors must submit **updated insurance documentation annually, via PDF**, as part of the Annual Renewal Approval. Coverage must remain current and meet the minimum requirements set by NYC for contractor / licensed work and in our vendor agreement. **Failure to submit valid insurance documentation may result in suspension of vendor status.** Please also submit:

- All licenses related to the type of work your company does (General Contractor, Mason, Plumbing, etc.)
- Safety certifications such as OSHA
- Rigger license
- Fire safety certifications
- Any other relevant certifications

Who to Contact

Invoice questions	Bookkeeping@aarsny.com 718-721-0700 ext. 102, 103, 104, or 106
AvidXchange profile & payments	supplier@avidxchange.com 704.971.8170 opt. 2 (Mon–Fri, 8:00 AM–8:00 PM ET)
Return enrollment form	supplierdocs@avidxchange.com Fax 866.249.9797 (include your W-9 if choosing Mastercard)

Thank you for your continued partnership. We look forward to our ongoing collaboration.

Warm regards,

Gary Andriotis

Vendor Relations

All Area Realty Services

AVIDXCHANGE SUPPLIER NETWORK ENROLLMENT FORM

Tell Us How You Want to Be Paid

AvidXchange offers 3 different payment methods to ensure you are paid quickly, efficiently and on your terms. Please indicate your preferred payment method below.

☐

FASTEST: MASTERCARD

Receive payment by email in 1 business day from our payment approval.

This option delivers a one-time use virtual Mastercard every time invoices are approved for payment. Fees from your merchant account may apply.

☐

FASTER: AVIDPAY DIRECT (ACH)

Receive direct deposit within 3 business days from our payment approval.

The enhanced direct deposit payment solution delivers funds directly to your bank account with the extra benefit of emailed payment receipts for simple reconciliation. Variable transaction fees may apply.

**We will contact you to fully complete this enrollment.*

☐

FAST: CHECK

Receive checks via USPS 7-10 business days after payment approval.

Help us ensure payments are delivered on time and accurately by verifying a few items below:

1. Is this your current company name and mailing address for payments? ☐ Yes ☐ No

If no, please contact your customer to update your information.

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If no, please tell us your current company name and mailing address for payments below:

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

2. Who and how should we contact your company to deliver and follow up on payments?

Name: _____ Title/Position: _____

Contact Email: _____ Phone: _____

Website: _____ Payment Delivery Email: _____

Payment Delivery Preference? ☐ Email: _____ ☐ Phone: _____

If you accept Mastercard, are there any processing fees or transaction limits? ☐ Yes ☐ No

Percentage: _____ Limits: _____

**e.g. no Mastercard payments over \$5,000*

Everything filled out? GREAT!

Send this form and a copy of your W9 for verification (if using Mastercard) to the AvidXchange team for processing! Email: supplierdocs@avidxchange.com | Fax: 866.249.9797

Need help?

Contact us Monday - Friday 8:00 AM - 8:00 PM ET
supplier@avidxchange.com | 704.971.8170 opt. 2



avidxchange.com/suppliers/faq



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date Required

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE BROKERAGE / AGENT 1234FIRSTSTREET NEWYORK,NY12345 Must have Tel#	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
INSURED Contractor of any kind (General Contractor / Moving Etc.) Address including Suite Contact Number	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : General Liability Insurance Company		
	INSURER B : Worker's Compensation Company		
	INSURER C : Umbrella Insurance Company		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVN	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY			Sample			EACH OCCURRENCE \$ 1,000,000.00
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
							MED EXP (Any one person) \$ 50,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000.00
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ combined
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ 1,000,000.00
	☐ SCHEDULED AUTOS						\$
	☐ NON-OWNED AUTOS						
X	UMBRELLA LIAB						EACH OCCURRENCE \$ 3,000,000.00
X	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y / ☐ N	N / A	Workmans Comp Required unless on Seperate Document			E.L. EACH ACCIDENT \$ 500,000.00
							E.L. DISEASE - EA EMPLOYEE \$ 500,000.00
							E.L. DISEASE - POLICY LIMIT \$ 500,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additionally insured as pertains to liability:

Condominium or Cooperative's or HOA Legal Name and Address.

All Area Realty ServicesInc.

99 Tulip Ave., Suite 302, Floral Park NY 11001

CERTIFICATE HOLDER

CANCELLATION

Owners First Name and Last Name of Unit Full Address and Zip	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Name Of Rep and Contact Number for verification

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