

Revised: February 2025
New Vendor Packet



New Vendor Packet

OTHER|||STREET

PO BOX 149231 Orlando FL 32814 | 407-900-9986 x 5 | Accounting@OtherStreet.com

Company Name: _____

Mailing Address: _____

Physical Address: _____

Office Phone: _____

Email: _____

Owner Name(s): _____

Contact Person 1: _____

Phone: _____

Email: _____

Contact Person 2: _____

Phone: _____

Email: _____

Contractor Certification

This is to certify that I am an Independent Contractor of the Internal Revenue Code Regulation 31.3401(d) – 1(h), whereby I am a worker who is subject to control and direction only as to the result of his work and not as a means. The contracting party is only interested in the result obtained by the Independent Contractor and the Independent Contractor shall be responsible for providing all the tools and/or materials required for performance of the tasks agreed to. The contracting party provides no benefits such as unemployment insurance, health insurance or workman’s compensation insurance to the independent contractor. **As an independent contractor, I realize I must provide the contracting party with a certificate of insurance evidencing general liability and workman’s compensation coverage listing both the *specific property name* AND “Other Street MGMT LLC” as the additional insured.**

I further realize I will be taxed as a self-employed individual and am responsible for payment of all federal, state, and local income taxes including social security. The Independent Contractor hereby agrees to indemnify and hold harmless, Other Street MGMT LLC and it’s shareholders, directors, officers, managers, members, employees, agents and representatives from, against, and in respect of any and all loss, liability or damage suffered or incurred by Other Street MGMT LLC (including legal fees and actual costs and expenses) by reason of any untrue representation by the Contractor, in this Agreement or otherwise; and/or by reason of Contractor’s negligence, malfeasance, gross negligence or fraud in the performance of its duties covered by this Agreement; and/or by reason of Contractor’s failure to have in force any of the insurance coverage’s that Contractor hereby purports to have.

The subcontractor represents and warrants that it is in compliance with and agrees that it will remain in compliance with the provisions of the Immigration Reform and Control Act of 1986, including but not limited to the provisions of the Act prohibiting hiring and continued employment of unauthorized aliens, requiring verification and record keeping with respect to identity and eligibility for employment, and prohibiting discrimination on the basis of national origin, United States citizenship, or intending citizen status.

In addition to the above, I, the Independent Contractor named above, agree to a NET30 payment term. This means that payment for services rendered will be due within thirty (30) calendar days from the date of the invoice. I understand that invoices must be submitted to Accounting@OtherStreet.com with accurate details and documentation to facilitate timely processing. Any delays in providing required documentation or discrepancies in the invoice may result in a delay in payment. I acknowledge that failure to adhere to these terms may result in a review of our business relationship and possible adjustments to future payment terms.

Lastly, upon completion of the work and receipt of payment in full, the Independent Contractor agrees to provide a signed lien release to Accounting@OtherStreet.com within (7) seven business days. This lien release will confirm that all services have been fully rendered, all obligations have been satisfied, and the Contractor waives any right to file or claim a lien against the property or project related to the services provided.

Independent Contractor: _____
Mailing Address: _____
Phone Number: _____
Signature: _____ Date: _____

Tax ID# (include completed W-9): _____

A completed and valid W-9 form must be submitted to our Accounting Department prior to the commencement of work or acceptance of the agreed-upon quote.

Property Manager’s Signature: _____

Property Manager’s signature indicates that all paperwork (certificate of liability including worker’s comp and W-9) has been received and is included at the time this packet is submitted to the Accounting Department: Accounting@OtherStreet.com



How to Submit an Invoice

For invoice submission, we offer two options:

(Preferred)

Email to:

Accounting@OtherStreet.com

Mail to:

Other Street MGMT LLC
PO BOX 149231
ORLANDO FL 32814

All Invoices MUST Include the Following Information:

- Property Name
- Property Service Address
- Vendor Name & Remittance Address
- Itemized description of work completed as agreed upon
- Date of invoice
- Total amount of invoice to include any previous payments made

VENDOR F.A.Q.'s

1. What do I need to do to ensure prompt payment of my invoices?

In order to get paid timely, all vendor invoices must have the following on each invoice: Vendor name, vendor address & name, description of services/product, invoice date, invoice amount

If submitting invoices via email (**preferred**) you should receive payment within the agreed upon NET30, unless other terms are noted & agreed to in the Contractor's Certification.

2. What if I require payment or a deposit before providing the service?

Upon our office providing the proper approval of the quote you submitted, if payment in full or a partial payment is required prior to the service beginning, you can submit your quote/invoice as described. Once we process the payment, and your office receives it, you can then schedule the service to begin. You will determine a start date with the Property Manager at the location where service will be provided.

3. Whom do I contact regarding payment status?

All inquiries regarding the status of payment should be directed to the property management office where the service was performed, or product purchased. They can research and confirm your payment status.

4. Whom do I contact with invoice/payment issues or payment remittance?

All inquiries for invoice/payment issues or payment remittance should be directed to Accounting@OtherStreet.com or 407-900-9986 x 5.

5. How do I submit basic changes to my company's data/contact information?

Basic changes to your company information (i.e. new address or contact name/numbers) should be submitted to Accounting@OtherStreet.com.

Note: all vendor information changes require an updated W-9 and a new contact information form.

6. What if I received a payment in error?

If a check was received in error, or for the wrong amount, return uncashed check to the address below.

If the check has been cashed in error OR an electric funds transfer was received in error OR for the wrong amount, please submit a check for the equivalent amount, payable to the property where services are performed, and return to the property management office address. Please reference the original check number.

