BARKAN

NEW *EXEMPT* VENDOR REQUEST FORM

Property Name: _____ Property Number: _____

Your Name: _____ Today's Date: _____

Is this a Financial Services ONLY Property? ◯ Yes ◯ No

Where is the vendor being added? ◯ CINC/Strongroom ◯ Yardi

(1) REIMBURSEMENT

Complete this section for **reimbursements** *ONLY*. Check One: ◯ Employee* ◯ Resident/Owner

Name: _____ Email: _____

Address: _____ Phone: _____

_____

_____

*Supervisor signature for employee reimbursement _____

Save this form as "Name-Reimbursement". No W9 is needed.

(2) EXEMPT VENDOR

Complete this section for vendor from the category below.

Vendor Name: _____ Vendor Type* _____

Vendor Remit Address: _____ If "Other" Describe work:

_____ _____

_____ _____

Vendor Contact: Phone: _____ Email: _____

Save this form as "Vendor Name – EV" Return form with: W9**

*EXEMPT VENDOR TYPES

App/Software/Website
Attorney
Brokers
Charitable Organization
Church
Distribution
Financial Institution
Financial Service/CPA
Mortgage, Credit Provider/Lender
Government Entity
Health Provider
Hotel/Conference Center/ Hall
Insurance Company
Logistics
Marketing/Ad Agency/Newspaper
Municipality
Off-Site Retail
Off-Duty Law Enforcement
Police/Fire/Ambulance
Professional Subscription
Property Management
Ownership Group/Partnership
Restaurant (off site, delivery only)
School/University
Storage
Supplier
Temp Agency
Transportation
Utility Company

**Vendors Exempt from Submitting a W9

Government Entity
Insurance Company
Municipality
Police/Fire/Ambulance
Utility Company Schools/ University

Vendor will be available within 72 hours if form is completed accurately & all documents are attached. ***REV 02/13/25***