



Date:

Dear Vendor,

We are interested in utilizing your company to perform various repair/replacement services. Please fill out this vendor questionnaire, once completed, please email your form to [info@AccreditedFM.com](mailto:info@AccreditedFM.com). Please view our [Privacy Policy](#) about your data and messaging.

**Required**

Company Name:

Point of Contact:

Email Address:

Address:

Telephone:

Check here to opt-in to receive text messages for service tickets. We utilize this for the Check-In and Check-out process.  
*\*messaging and data rates may apply: You can expect 1-4 messages per Service Ticket, 1-2 Service Tickets per day.  
(you may opt-out at anytime, by sending "STOP" or calling our offices)*

➤ Coverage Area:

➤ Trip Charge:

➤ Std Labor Rate (p/h):

➤ Do you provide Emergency Service?    Yes    No    Weekend

○ Emergency Labor Rates (p/h):

○ Emergency Service #:

➤ Service Trades:

Please note, once our Team has reviewed your form; one of our Team Members will reach out to you to complete your on-boarding process. For compliance purposes the following required documentation will be needed, these forms will be sent by our Team:

- ❖ W-9 Form
- ❖ Certificate of Insurance with General liability and Workers' Compensation insurance information. Accredited Facilities Management listed as Additional insured
- ❖ Signed and filled out Master Service Agreement
- ❖ Vendor ACH Payment Authorization Form *(optional to be paid by bank transfer)*

Requirements for payment, in addition to the listed above compliance documents:

- ❖ Sign Off Sheet
- ❖ Check in and Check out
- ❖ Before and After Photos

We are looking forward to working with you!