



Executive Manager/Asset Manager Approval

Return Vendor Set Up to: [vendorsetup@ledic.com](mailto:vendorsetup@ledic.com)

## NEW VENDOR INFORMATION SHEET

Property Name \_\_\_\_\_  
Company Name Ericson Group Inc  
Owner's Name Greg Ericson  
(exactly as listed on Social Security Card (Required for Individual/Sole Proprietorship))  
Vendor Payment Address 400 North Front St.  
City, State, Zip Memphis TN 38103  
Area Code - Phone Number 901-527-7256  
Federal Tax - ID Number or Social Security Number 62-1795746

- A W-9 (Request for Taxpayer Identification Number and Certification) must be completed and signed by every vendor before payment will be made.

Type of Business (select one of the following with an "X")

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  One Time Vendor \_\_\_\_\_

Other \_\_\_\_\_ Describe \_\_\_\_\_

\*Will this Vendor work on Property? Yes \_\_\_\_\_ or No

TYPE OF VENDOR: Pick only one and mark with an "X"

Operating /Administrative (ie 5010-5080) \_\_\_\_\_

Advertising (ie 5210-5240)

Interior Repairs (ie 5610-5660) \_\_\_\_\_

Exterior Repairs (ie 5705-5795) \_\_\_\_\_

Contract Services (ie 5910-5995) \_\_\_\_\_

Replacements (ie 6305-6395) \_\_\_\_\_

\*LEDIC standard chart of accounts. Freddie Mac, GE, and others may use different chart of accounts.

Additional requirements for vendors who work on site (cleaning, maintenance, repairs, electrical, painting, plumbers, etc.)

Certificate of insurance from the vendor's insurance company including worker's compensation and liability coverage where applicable.