

PROFESSIONAL RETAIL SERVICES, INC.
3249 ROUTE 112
MEDFORD, NY 11763
888-834-2411 631-716-1138 (FAX)

TO: Chris Davis

NAME: _____

FAX #: 631-209-9411

PAGES: _____

DATE: _____

RE: PAPERWORK REQUIRMENTS

YOUR CERTIFICATE OF INSURANCE, W9 AND STANDARD FORM OF AGREEMENT MUST HAVE THE SAME COMPANY NAME THAT APPEARS ON YOUR INVOICE.

PLEASE BE ADVISED THAT WE NEED THE FOLLOWING PAPERWORK IN ORDER TO PROCESS YOUR INVOICE AND/OR KEEP YOU AN ACTIVE VENDOR.

❖ AN UPDATED CERTIFICATE OF INSURANCE FROM YOUR INSURANCE COMPANY.

- YOUR CERTIFICATE OF INSURANCE MUST HAVE THE SAME COMPANY NAME THAT APPEARS ON YOUR INVOICE.
- ONE (1) MILLION GENERAL AGGREGATE (GENERAL LIABILITY)
- ONE (1) MILLION EACH OCCURRENCE (GENERAL LIABILITY)
- LISTED AS THE **CERTIFICATE HOLDER** ON YOUR CERTIFICATE WITH OUR NAME AND ADDRESS: (**NAME MUST BE TYPED**)

PROFESSIONAL RETAIL SERVICES, INC.
3249 ROUTE 112 – SUITE 2
MEDFORD, NY 11763

WORKERS' COMPENSATION (ONLY NEW YORK STATE VENDORS)- LISTED AS CERTIFICATE HOLDER AS ABOVE.

COMPLETE THE ENCLOSED W-9 AND FAX IT BACK TO US. – IF YOU ARE PROVIDING YOUR SOCIAL SECURITY NO, PLEASE ADVISE THE NAME THAT APPLIES TO THAT SOCIAL SECURITY NO. -**PLEASE SIGN IT**

REVIEW THE NEW INSURANCE LAW/STANDARD FORM OF AGREEMENT SIGN THE LAST PAGE AND FAX THE AGREEMENT BACK TO US. WE CANNOT ACCEPT THE AGREEMENT WITH ANY CHANGES.