



INTEGRITY
PROPERTY
SERVICES

4154 Central Avenue
St. Petersburg, FL 33711
727-865-9354 Office 727-827-2926 Fax
CBC1257010/QB63905

Vendor Name:

Attention:

Via:

Dear Vendor:

IPS would like you to know we appreciate the opportunity to do business with your company.

Our policy dictates that in order to establish and maintain you as an approved vendor, we must have a fully completed **Approved Vendor Package** with the most current information in our files. Please complete and return the enclosed documents along with a copy of your current **Certificate of Insurance**. **Please see the insurance requirements for proper coverage and language.**

- Vendor Information Sheet
- W-9 Form – Taxpayer Identification Number and Certification
- Code of Conduct and Ethics Hotline Acknowledgment

Step One

Fax or e-mail a copy of the completed forms and the Certificate of Insurance to Accounts Payable at 727-827-2926 or e-mail to AP@IntegrityProps.com

Step Two

Mail all the Vendor Package forms and the Certificate of Insurance to my attention.

We appreciate your prompt attention to our request, and look forward to a successful working relationship with your company. Please feel free to contact me at 727-865-9354 if you have any questions regarding completion of the Approved Vendor Package.

Thank you,

Carolyn Phelps
Integrity Property Services
(727) 865-9354
CarolynP@IntegrityProps.com



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Vendor Information Sheet

Company Name _____

Products/Services Description: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security/Tax ID#: _____

Contact Person: _____ Title: _____

Phone: _____ Extension: _____

Fax No: _____

Email: _____

Company Officers

President: _____ Controller: _____

Other Branch Locations

Worker's Comp Carrier: _____ Policy No: _____ Exp. Date: _____

General Liability Carrier: _____ Policy No: _____ Exp. Date: _____

Please attach the following:

1. Current **Certificate of Insurance** if work is performed or delivery is made at IPS property location.
2. Completed and signed **W-9 Tax Form**
3. Signed **Code of Conduct and Ethics Hotline Acknowledgment**

Prepared by: _____ **Date:** _____

For Property use only.

Property Using Vendor:

Person requesting Vendor:

For Corporate use only.

Vendor accepted: Yes _____ **No** _____

Approval Signature: _____ **Date:** _____



IPS adopts this **Code of Conduct** with all its employees and vendors to mutually acknowledge the highest of ethical performance in its business affairs.

1. No employee is to accept gratuities, compensation, or gifts from a vendor or service contractor. A holiday gift or occasional lunch of normal value (less than \$25) received in the normal course of business is acceptable.
2. No employee, vendor or service contractor is to operate in any manner that is contrary to the best interests of the company (e.g. discrimination, sexual harassment or divulging confidential information is inappropriate conduct, etc.)
3. No employee is to give unfair advantage to a vendor or service contractor (e.g., by disclosing unpublished price quotes or competitors).
4. No employee, vendor or service contractor is to conduct any company business without disclosing all relationships with the employees and vendors of IPS with which there could be a conflict of interest.
5. Please list potential conflicts of interest such as relatives and close friends employed by vendors.

As a member of the IPS team, it is easy to understand how the behavior of one individual affects everyone on the team, especially when that behavior involves dishonesty or company ethics violations. Not only are your reputation and your company's reputation at stake, company income, which directly affects employee bonuses and pay raises, is also at stake. Our **Code of Conduct** requires all of us to be alert to possible violations.

We are aware that the great majority of our employees and vendors and contractors operate honestly and ethically. In those few instances where it may be otherwise, we highly encourage you to help us to make a stand against dishonest or unethical conduct. Your call will help.

I acknowledge that I have received a copy of this statement and I agree to abide by its terms.

Vendor/Contractor Signature

Date

Print Name