



CLIENT CONTRACTS POLICY

To assist in meeting our contract terms, please review this policy document for vendors.

1. **Your contract is with the property where the work is being performed.** All paperwork must be in the client's **NAME** (e.g. Providence Condominium Association), **and addressed** c/o Olympus Group Management Company, 151 Broadway Suite 300, Providence, RI 02903.
2. **Proper insurance coverage is mandatory.** A Certificate of Insurance showing the client and Olympus Group as **Additional Insured** is required.
3. For income tax reporting, **vendors must provide** a Contractor's Registration or License Number, Tax ID Number, or Social Security Number.
4. Invoices should be submitted for payment upon completion of all work, unless otherwise agreed. **Invoices are paid from the 20th to the 31st of each month.**

Vendor Name	E-Mail Address
Vendor Address	City/State/Zip
Tax ID. Number	Phone Number
Insurance Agent/Company	Insurance Agent Phone Number
Signature	Contractor Registration Number
Print Name	Date

SoS _____ CRB _____ CoI _____ Tax ID _____ Date _____