

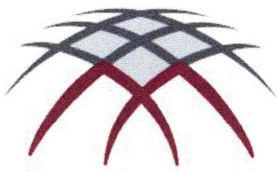
A.T. MERIDIAN

CONSTRUCTION, LLC

VENDOR REGISTRATION



A.T. Meridian Construction, LLC
4446 E. University Drive #110
(Phone) 480-830-8122
www.ATMeridian.com



A.T. MERIDIAN

CONSTRUCTION, LLC

CHECKLIST FOR NEW VENDORS



In this vendor packet, you will find:

- Registration Form
- Invoicing Instructions
- Notice to New Vendors
- Form W-9
- Disclosure of Subcontractors and Suppliers
- Conditional Waiver and Release (FOR FUTURE USE)
- Company Information for A.T. Meridian Construction

New vendors doing business with A.T. Meridian need to email the following documents to AP@ATMeridian.com

- General Liability Insurance Certificate with A.T. Meridian Construction, LLC listed as additional insured (PLEASE EMAIL COPY AND MAIL ORIGINAL)
- Workers' Compensation Insurance Certificate
- A copy of applicable licenses, as required by job
- Vendor Information Form
- Form W-9

Registration Form & Pre-Qualification for A.T. Meridian Construction

General Info

Company Name: _____
Phone: _____ Fax: _____
Address: _____
City: _____ State: _____ Zip: _____
Add'l Address: _____
E-mail Address: _____
Internet Address: _____

Additional Info

Organization Established: _____ Years in Business: _____
Organization Type: _____
State: _____
Federal Tax ID: _____
Other names / DBA: _____

Projects

Preferred Project Size

Indicate preferred project size (1-5) 1 being most preferred.

Under \$50K

\$100K - \$200K

\$500K - \$1M

\$3M - \$6M

\$50K - \$100K

\$200K - \$500K

\$1M - \$3M

\$6M - \$10M

Average Workload

Size of project in square feet: _____

Contract Amount: _____

Insurance

Workers Comp and Employers Liability

Carrier: _____ Policy Period: _____ to _____

Current

Number of claims made in the past 2 years: _____

Each Accident: _____

Disease Limit: _____

Disease/Employee: _____

Limit: _____

Registration Form & Pre-Qualification for A.T. Meridian Construction

Liability

Commercial General Liability

Current

Carrier: _____
 Policy Period: _____ to _____

General Aggregate: _____
 Products Comp/Op: _____
 Personal Adv/Injury: _____
 Each Occurrence: _____
 Medical Expense: _____
 Fire Damage: _____
 Deductible: _____
 Per Project Limit

Excess Liability

Current

Carrier: _____
 Policy Period: _____ to _____
 Type: _____
 # of Claims Made in the Past 2 Years: _____

Aggregate: _____
 Each Occurrence: _____

Automotive Liability

Current

Carrier: _____
 Policy Form: _____
 Policy Number: _____
 Policy Period: _____ to _____

Combined Limit: _____
 Bodily Per Accident: _____
 Bodily Per Injury: _____
 Property Damage: _____

Estimator / Contact

Name: _____ Phone: _____ Email: _____

Contractor's Licenses

State	License #	Expiration	Class	Supplementary Information
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scope /Phase

List all trades that the company performs: _____

Registration Form & Pre-Qualification for A.T. Meridian Construction

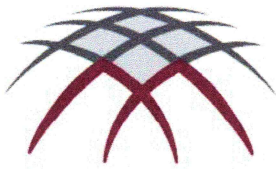
References

Reference Type Desc: Trade / Owner / General Contractor / Other:

Company _____ Contact: _____ Phone: _____
: _____
E-mail: _____ Notes: _____

Reference Type Desc: Trade / Owner / General Contractor / Other:

Company _____ Contact: _____ Phone: _____
: _____
E-mail: _____ Notes: _____



A.T. MERIDIAN
CONSTRUCTION, LLC

INVOICING INSTRUCTIONS



Please submit ALL Invoices/Pay Apps to:

Contact Person: Julie Ravenwood

EMAIL: AP@ATMeridian.com

****ALL INVOICES NEED TO BE SUBMITTED BY THE 20TH OF EACH MONTH.**

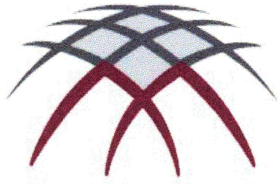
The invoice/Pay Application must be submitted by the 20th of each month and projected to the end of the month.

All invoices must be approved by the Project Manager. Do *not* send your invoice to the Project Manager, but be sure to include the JOB number. You must submit each invoice with a completed lien waiver. Failure to do so will likely delay payment.

Receipt of payment:

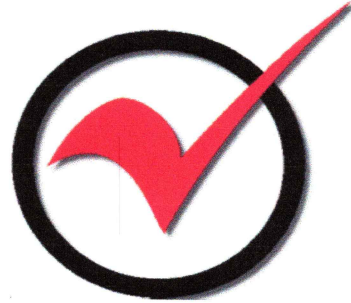
Once you receive the "Check Ready" email from AP and we have a signed lien waiver, you can pick up your check or have us mail it.

A.T. Meridian Construction, LLC
4446 E. University Drive #110



A.T. MERIDIAN CONSTRUCTION, LLC

NOTICE TO NEW VENDORS



Thank you for your interest in working with our company. We are looking forward to a mutually profitable relationship. The purpose of this notice is to advise your firm of our basic procedures regarding invoices, procedures, requirements, and payment policy. If you have any questions regarding the information listed below you can contact our Accounts Payable Department at (480) 830-8122.

Invoices received after the 20th of each month will not be processed for payment until the following month. If your invoice is missing the lien waiver it is considered incomplete and cannot be processed.

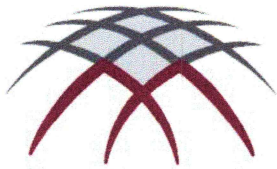
Payment Terms:

Contractor will pay Subcontractor the approved portion of any application for payment within fifteen (15) days after Contractor receives payment for such Work from Owner as stated in section 4 of your contract.

Checks are scheduled to be mailed or picked up only after you receive the "check ready email" from AP which will include the lien waiver.

No checks are issued on demand. We do not accept payment terms that are due on receipt. Lien waivers are required for all checks to vendors, subcontractors, and suppliers. Lien waivers must be submitted with your payment application and filled out by you. There is a copy of this form in your original vendor packet.

You must provide us with current insurance certificates for workers compensation and general liability. A.T. Meridian Construction, LLC must be listed as additionally insured on your certificates. Current W-9 certificates must be on file in our office before checks will be cut or mailed. Checks will not be cut or mailed under any circumstance if this information is not on file.



A.T. MERIDIAN CONSTRUCTION, LLC

VENDOR INFORMATION



Company Name _____

Contact (for payment) _____

Mailing Address (payment) _____

Phone _____ Fax _____

Email Address _____

ROC License # _____

Additional License #/s _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



A.T. MERIDIAN CONSTRUCTION, LLC

CONDITIONAL WAIVER AND RELEASE

Purchase Order #: _____ Invoice #: _____

Project Name: _____ Project #: _____

Upon receipt by the undersigned of a check from A.T. Meridian Construction, LLC in the amount of \$ _____ payable to _____, and when this check has been properly endorsed and has been paid by the bank on which it is drawn, this document becomes effective to release and mechanic's lien, any state or federal statutory bond right, any private bond right, and claim for payment and any rights under any similar ordinance, rule or statute related to claims or payment right for persons in the undersigned's position that the undersigned has on the following job:

Owner: _____ Location: _____

To the following extent (description of work): _____

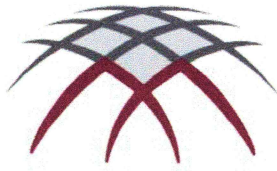
This release covers a progress payment for all labor, services, equipment or material furnished to the jobsite or to A.T. Meridian Construction, LLC (person with whom undersigned contracted) through this date on-ly: _____ and does not cover any retention, pending modifications and changes or items furnished after that date. Before any recipient of this document relies on it, that person should verify evidence of payment to the undersigned.

This undersigned warrants that he either has already paid or will use this monies he receives from this progress payment to promptly pay in full all of his laborers, subcontractors, materialmen and suppliers for all work, materials, equipment or services provided for or to the above project up to the date of this waiver.

Company: _____ Print Name: _____

Its

Date: _____ Sign Name: _____



A.T. MERIDIAN CONSTRUCTION, LLC

SOLE PROPRIETOR/INDEPENDENT CONTRACTOR

I AM A SOLE PROPRIETOR AND I AM DOING BUSINESS AS _____

I AM PERFORMING WORK AS AN INDEPENDENT CONTRACTOR FOR _____

I AM NOT THE EMPLOYEE OF _____

FOR WORKERS' COMPENSATION PURPOSES.

AND THEREFORE, I AM NOT ENTITLED TO WORKERS' COMPENSATION BENEFITS FROM _____

I UNDERSTAND THAT IF I HAVE ANY EMPLOYEES

WORKING FOR ME, I MUST MAINTAIN WORKERS' COMPENSATION INSURANCE ON THEM.

SOLE PROPRIETOR

DATE

INSURANCE CARRIER

DATE