

# BECOMING A BRICK & VINE VENDOR

(Follow these steps to become a compliant supplier for any of the properties managed by Brick & Vine)

Complete W-9

Blank W-9 (pg 2) Include:

- Company Name
- Company Address
- Taxpayer Identification Number
- Signature

Complete Supplier Agreement

Blank Agreement (pg 5) Include:

- Read and Understand
- Provide Company Name
- Contact Info
- Printed Name of Agent
- Title of Agent
- Signature of Agent

Identify Insurance Requirements

Insurance Requirements (pg 6)

- This document will inform you of necessary insurance required

Complete Certificate of Insurance

COI Example (pg 7). Include:

- Type of Insurance
- Insurer
- Policy number
- Policy expiration date
- Limits

Submit to Us

Submit your completed forms on our website

or

Email your completed forms to:  
vendors@brickvine.com

Receive Approval

We will notify you of your approval within 7 business days of submission





## VENDOR REQUIREMENTS ACKNOWLEDGEMENT & AGREEMENT

PLEASE READ VERY CAREFULLY BEFORE FILLING IN YOUR NAME AND TITLE BELOW. BY ENTERING YOUR INFORMATION IN THE BOXES BELOW, YOU ACCEPT AND AGREE TO THESE REQUIREMENTS AND TERMS. IF YOU DO NOT ACCEPT THESE REQUIREMENTS AND TERMS, PLEASE DO NOT COMPLETE THE INFORMATION BELOW

"Manager" means the property management company who acts as agent for a property owner pursuant to a management contract and as part of such contract is tasked with selecting and engaging various individuals and companies to provide products to or perform services at or for a single or multi-family residential or commercial rental property.

"Owner" means the legal owner of the property for which products will be provided or for or at which services will be performed.

"You" or "Vendor" means the entity or individual that acknowledges and accepts the requirements and terms set forth herein and will provide the products or perform the services as required by the Manager or Owner.

INTRODUCTION: This agreement is between You (Vendor) and the Manager and Owner of the property to which products will be provided or at or for which services will be provided. Once this agreement is executed, it shall remain in full force and effect until cancelled in writing by either party.

Vendor acknowledges and agrees as follows:

- A) Role of Manager. Vendor acknowledges and agrees that Manager is not the property owner and that Manager acts solely as an agent for the Owner of each property it manages. Vendor acknowledges and agrees that Manager engages all vendors on behalf of the Owner and not on behalf of Manager and agrees that the responsibility for all debts incurred by a property rest with the Owner.
- B) W-9 and License Requirements. Vendor agrees to provide a current W-9 and any required professional licenses to Brick and Vine LLC. Vendor acknowledges that prior to providing any type of product and/or service to a property, Vendor must have a W-9 and any applicable professional licenses on file with Brick and Vine LLC.
- C) Insurance Requirements. Vendor acknowledges that prior to providing any type of good and/or service that requires Vendor to send a representative to the property, Vendor must have a current certificate of insurance on file with Brick and Vine LLC for general liability, auto liability, excess liability (if applicable), and workers' compensation. Additional coverage, including but not limited to professional liability, pollution liability, environmental liability and criminal/fidelity, may be required if deemed appropriate by the scope of service. Full policy limits available to the Vendor shall also apply to the additional insureds. Coverage provided to the additional insured shall be applicable for a period of two years from the date the work is completed. Vendor agrees that all coverage shall be primary and non-contributory. Vendor agrees to add the following parties, evidenced via an endorsement, which includes coverage for ongoing and completed operations, to policies as an additional insured as their interests may appear in regard to work performed by Vendor: "Brick and Vine LLC and the ownership entities of their owned or managed properties where goods and/or services are provided." Vendor agrees that a waiver of subrogation shall apply in favor of the aforementioned parties on all policies as permitted by law. Vendor acknowledges and agrees that the certificate of insurance must remain current and any lapse in coverage will result in the termination of future purchases of goods and services. Vendor agrees to reimburse Owner and/or Manager immediately upon demand for any and all fines or penalties incurred due to Vendor's lapse in

insurance coverage or licensing. Insurance requirements identified in this agreement shall take precedence over any conflicting document.

- D) Vendor Employees/Subcontractors. Vendor agrees to exercise due diligence with respect to placement of employees, laborers and subcontractors on the property. Vendor agrees that Vendor will not provide any employees, laborers, or subcontractors to perform work within property boundaries and inside dwelling units who may have a history of criminal convictions or deferred-adjudication or pose a potential threat or risk of injury to residents and others. Unacceptable criminal history might include, but is not limited to, such crimes as assault, battery, rape, molestation, sexual assault, indecent exposure, indecency with a child, murder or kidnapping. Vendor also agrees to contractually require its subcontractors to carry appropriate licensing and insurance of the same types and limits including additional insured, waiver of subrogation and primary and non-contributory status as indicated for the Vendor in paragraphs B and C. Manager reserves the right to request evidence of this coverage at any time.
- E) Compliance with Laws. Vendor shall comply with all applicable laws in providing any products and/or services to Owner or Manager, including, without limitation, the Immigration Reform and Control Act of 1986 ("IRCA"). Vendor warrants that an authorized representative of the Vendor has (1) verified that each Vendor employee, laborer or subcontractor is legally authorized to work in the United States for the duration of all products or services provided to the Owner and/or Owner's agents; (2) required the employee, laborer and/or subcontractor to complete and execute Section 1 of the DHS Form I-9; (3) completed and executed Section 2 of the DHS Form I-9, and (4) processed through Department of Homeland Security-Employment Eligibility Verification "E.E.V." Vendor agrees to indemnify, defend and save Owner, Manager and each of their respective members, managers, directors, officers, agents, contractors, employees and affiliates from and against any and all claims, losses, costs, and liabilities arising out of the Vendor's failure to comply with these requirements.
- F) Non-Discrimination. Vendor agrees that Vendor will not discriminate against or segregate any person or group of persons on account of race, color, religion, sex, individual gender, marital status, ancestry, national origin, disability or familial status, nor shall Vendor himself or herself or any other person claiming under or through him or her, establish or permit any such practice or practices of discrimination or segregation with reference to the selection, location, number, use or occupancy of employees, laborers, subcontractors, tenants, lessees, sub-tenants or vendees of the property.
- G) Code of Conduct. Vendor agrees that it will and will cause each of its employees, agents and sub-contractors to conduct itself and themselves in a professional and ethical manner in all dealings with Manager, Owner and each of their respective agents, employees and contractors.
- H) Hold Harmless Agreement. To the fullest extent permitted by law, Vendor hereby assumes entire responsibility and liability for any and all damage or injury of any kind or nature (including death resulting therefrom) to all persons, whether employees or otherwise, and to all property caused by, resulting from, arising out of, or occurring in connection with the use or operation of said equipment while in Vendor's use or under Vendor's control or resulting from the condition of said entry and occupancy, equipment, or the ways, works or machinery, should any claims for such damages be made or injury (including death resulting therefrom) be made or asserted, whether or not such claims are based on Owner alleged active or passive negligence or participation in the wrong or upon any alleged breach of any statutory duty or obligation on the part of the Owner. The Vendor agrees to indemnify and save harmless the Owner, its officers, agents, servants, and employees from and against any and all such claims, and further from any and against any and all loss, cost, expense, claims, liability, damage or injury, including legal fees and disbursements, that Owner, its officers, agents, servants, and employees may directly or indirectly

sustain, suffer or incur as a result thereof, and Vendor agrees and does hereby assume, on behalf of Owner, its officers, agents, servants, and employees, the defense of any action at law or in equity which may be brought against Owner, its officers, agents, servants, and employees upon or by reason of such claims and to pay on behalf of Owner, its officers, agents, servants, and employees upon its demand the amount of any judgment that may be entered upon Owner, its officers, agents, servants, and employees in any such action.

By signing this agreement, Vendor agrees to indemnify the Owner and its agents against all liabilities resulting from their provided product and/or services.

REV: September 10, 2021

Vendor Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Printed Name of Authorized Agent: \_\_\_\_\_

Title of Authorized Agent: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_

# Insurance Requirements

(Select the Industry Type below that most closely matches the product/service you will provide)

\*\*If you do not come on-site for delivery or services, no insurance is required\*\*

High Risk	Moderate Risk	Low Risk
<ul style="list-style-type: none"> <li>• Asbestos</li> <li>• Capital Vendors- Developers/Contractors</li> <li>• Construction- New/Ground up</li> <li>• Excavating Contractors</li> <li>• Exterior cleaning or resurfacing</li> <li>• Fire protection equipment installation, service, repair</li> <li>• Framing Contractors</li> <li>• Lead Abatement</li> <li>• Lifeguard</li> <li>• Mold Abatement</li> <li>• Painting Contractor- Exterior</li> <li>• Paving Contractors</li> <li>• Roofing Contractors</li> <li>• Sand Blasting</li> <li>• Scaffolding</li> <li>• Sewer/Septic &amp; Water Main- Installation, Repair or Maintenance</li> <li>• Skylight</li> <li>• Solar Panels</li> <li>• Swimming Pool/ Hot Tub- Construction or Remodeling</li> <li>• Underground or Building gas storage tank/ line installation, service, repair, testing</li> <li>• Foundation- Contractors or Repair</li> </ul>	<ul style="list-style-type: none"> <li>• Concrete Contractors</li> <li>• Construction Equipment &amp; Supplies WITH Delivery</li> <li>• Drywall Contractors</li> <li>• Electrical Contractors</li> <li>• Environmental- Consulting/Testing</li> <li>• Equipment (Heavy)- Rental, Repair</li> <li>• Erosion Control</li> <li>• Fireplaces</li> <li>• Garbage/ Recycling Collection</li> <li>• General Contractors</li> <li>• Gutters &amp; Downspouts</li> <li>• Hand Rails</li> <li>• HVAC contractors</li> <li>• Insulation Contractors</li> <li>• Irrigation Repairs</li> <li>• Landscape Contractors</li> <li>• Laundry- Self Service Machine Repair</li> <li>• Masonry Contractors</li> <li>• Movers</li> <li>• Patio &amp; Deck Contractors</li> <li>• Pest Control/ Extermination</li> <li>• Plumbing Contractors</li> <li>• Radon Testing/ Abatement/ Control</li> <li>• Safety Consultants</li> <li>• Sewer Contractors</li> <li>• Siding Contractor</li> <li>• Subfloor Repair</li> <li>• Tree Service- Prune or Trimming</li> </ul>	<ul style="list-style-type: none"> <li>• Appraisers</li> <li>• Automobile Booting Service</li> <li>• Building Inspection Service</li> <li>• Carpet- Cleaning, Repair, or Install</li> <li>• Employment- Temporary</li> <li>• Fence Contractors</li> <li>• Flagpoles</li> <li>• Floor Covering- Install or Repair</li> <li>• Generators</li> <li>• Glass/Mirror- Install or Repair</li> <li>• Glass Coating &amp; Tinting</li> <li>• Graffiti Removal</li> <li>• Janitorial/Make Ready Services</li> <li>• Junk Removal</li> <li>• Landscape- Planting or Mow Only</li> <li>• Locks &amp; Locksmiths</li> <li>• Maintenance Supplies- Delivery</li> <li>• Office Equipment &amp; Supplies- Delivery</li> <li>• Painting Contractors- Interior</li> <li>• Painting Equipment &amp; Supplies- Delivery</li> <li>• Personnel Consultants</li> <li>• Pool Surface Repair</li> <li>• Refrigerator Service &amp; Repair</li> <li>• Telephone &amp; TV Equipment Installation or Repair]</li> <li>• Vending Machines</li> <li>• Waste Reduction/ Disposal/ Recycling</li> <li>• Window Washer</li> </ul>

# Insurance Requirements

Brick & Vine requires the following Insurance in order for you to provide products and services at any Brick & Vine managed property

General Liability	High	Moderate	Low
Each Occurrence	\$1,000,000	\$500,000	\$250,000
Damage to Rented Premises	\$1,000,000	\$500,000	\$250,000
Medical Expense	\$100,000	\$25,000	\$10,000
Personal and Advertising Injury	\$1,000,000	\$500,000	\$250,000
General Aggregate	\$1,000,000	\$500,000	\$250,000
Products – Completed Ops Agg	\$1,000,000	\$500,000	\$250,000
Workers' Compensation	High	Moderate	Low
Each Accident	\$1,000,000	\$500,000	\$250,000
Disease - Per Employee	\$1,000,000	\$500,000	\$250,000
Disease - Policy Limit	\$1,000,000	\$500,000	\$250,000
WC Exemption Form Acceptable (if provided by the state)	Yes	Yes	Yes
Brick and Vine Exemption Form Acceptable (if no employees)	Yes	Yes	Yes





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER	CONTACT NAME: PHONE (A/C, No, Ext)      FAX (A/C, No) E-MAIL ADDRESS: INSURERS AFFORDING COVERAGE      NAIC # INSURER A: <b>(Insurer must have an AM Best Rating of A- or higher.)</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<b>X</b>					EACH OCCURRENCE      \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (per occurrence)      \$ (Any one person)      \$ PERSONAL & ADV INJURY      \$ <b>1,000,000</b> GENERAL AGGREGATE      \$ <b>1,000,000</b> PRODUCTS-COMP/OP AGG      \$ <b>1,000,000</b>								
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____					<b>COMBINED SINGLE LIMIT Or BODILY INJURY/Person BODILY INJURY/Accident PROPERTY DAMAGE</b>	COMBINED SINGLE LIMIT (Ea accident)      \$ <b>1,000,000</b> BODILY INJURY (Per person)      \$ <b>500,000</b> BODILY INJURY (Per accident)      \$ <b>500,000</b> PROPERTY DAMAGE (Per accident)      \$ <b>500,000</b>								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE      \$ <b>1,000,000</b> AGGREGATE      \$ <b>1,000,000</b>								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">WC STATU-ORY LIMITS</td> <td style="width: 50%; text-align: center;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ <b>1,000,000</b></td> </tr> <tr> <td>EL DISEASE-EA EMPLOYEE</td> <td>\$ <b>1,000,000</b></td> </tr> <tr> <td>EL DISEASE-POLICY LIMIT</td> <td>\$ <b>1,000,000</b></td> </tr> </table>	WC STATU-ORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ <b>1,000,000</b>	EL DISEASE-EA EMPLOYEE	\$ <b>1,000,000</b>	EL DISEASE-POLICY LIMIT	\$ <b>1,000,000</b>
WC STATU-ORY LIMITS	OTH-ER														
E.L. EACH ACCIDENT	\$ <b>1,000,000</b>														
EL DISEASE-EA EMPLOYEE	\$ <b>1,000,000</b>														
EL DISEASE-POLICY LIMIT	\$ <b>1,000,000</b>														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Attach a copy of the General Liability Additional Insured Endorsement(s) reflecting the following: BRICK AND VINE LLC AND THE OWNERSHIP ENTITY(S) OF THEIR OWNED OR MANAGED PROPERTIES are included as an additional insured on the general liability policy as their interests may appear in regard to work/service are performed by the named insured. Excess or Umbrella liability policy to follow form.**  
**INSURANCE AGENTS: If your insured has a scheduled endorsement the aforementioned parties must be included in the schedule and a copy of endorsement must be submitted along with the certificate. If your insured has a blanket endorsement, it must also be submitted along with the certificate. Language regarding additional insured status does not need to be reflected in the Description of Operations section of the certificate.**

CERTIFICATE HOLDER <b>Brick and Vine LLC</b> <b>26 S Rio Grande St. Suite 2072</b> <b>Salt Lake City, UT 84101</b> <b>email: vendorcompliance@brickvine.com</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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# BRICK & VINE

## Workers' Compensation – Brick and Vine Exemption Form

Depending on the state your company EIN was created, you may not fall under the law that requires companies to provide Workers' Compensation Insurance for their employees.

Alabama – if you have fewer than 5 employees

Arkansas – if you have fewer than 3 employees

Kentucky – if you are the sole proprietor or sole owner 0 employees

Oklahoma – if you are the sole proprietor or sole owner with 0 employees

If these state laws apply to your company, you are not required to purchase Workers' Compensation. You are also not required to receive an exemption from your state.

However, if you hire more than the above listed employees, you are required by law to purchase Workers' Compensation Insurance or receive a Workers' Compensation Exemption from the state. By signing below, you agree that you will purchase insurance as required by state law if/when you hire more than the above-stated number of employees.

Company Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Printed name of Authorized Agent: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

Date: \_\_\_\_\_



# BRICK & VINE

## VENDOR ACH ENROLLMENT FORM

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Brick and Vine, LLC offers the option of receiving payments via Electronic Funds Transfer (EFT) to our vendors. Payments will be electronically deposited into your company's designated bank account through ACH (Automated Clearing House). ACH payment remittance advice will be delivered via email.

**Signing up for Vendor ACH payments provides several benefits for our vendors:**

### **Quicker Payments**

- ACH payments are a faster method of payment.
- ACH payments can be credited to your account in less than two business days. Payments made by check can take 7-10 days to be received through the postal service.
- Banks do not hold ACH payments unlike the checks you deposit. Your funds are available as soon as the ACH payment is credited to your account.

### **Less Hassle**

- ACH payments eliminate the need for paper checks.
- Your ACH payment cannot be lost in the mail or delayed due to a forwarded address.
- You will receive notification and remittance advice for each ACH payment via email.
- Save time by not traveling to the bank or waiting in line to deposit your check.

**If you have any questions about our Vendor ACH payments program, please feel free to contact our Accounting team at [vendors@brickvine.com](mailto:vendors@brickvine.com).**



# BRICK & VINE Vendor ACH Enrollment Form

**This form is used for Automated Clearing House (ACH) payments to provide payment related information to your financial institution.** (Note this likely will not be the same information for receiving payment via wire transfer, which Brick and Vine, LLC is not offering in this enrollment)

**You must check with your financial institution to confirm funds have been deposited.**

**Information on this form is subject to additional verification.**

## VENDOR INFORMATION (Remit Address)

New Request     Change Request

VENDOR NAME		TAXPAYER ID (Required)	
ADDRESS	CITY	STATE	ZIP
ACCOUNTING CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER	
EMAIL ADDRESS (PRINT CLEARLY) – *Required to receive remittance.			

## FINANCIAL INSTITUTION INFORMATION

BANK NAME			
ADDRESS	CITY	STATE	ZIP
ACCOUNT NAME	ACH ROUTING NUMBER (9 Digits)	ACCOUNT NUMBER	
ACCOUNT TYPE	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	
PAYMODE ID (If Applicable)			

### Certification:

I certify I am responsible for notifying any changes to the information provided above to Brick and Vine, LLC.

I certify that I agree to immediately return any erroneous payments that may occur as a result of payment via ACH.

I certify the information provided on this form is true and correct, and that I, as an authorized representative for the above named company, hereby authorize Brick and Vine, LLC to electronically deposit payments to the designated bank account. This authority remains in full force until written notice of change or cancellation is received by Brick and Vine LLC.

Brick and Vine, LLC reserves the right to cancel or suspend this authorization at any time.

### Authorization:

Authorized Official Name	Signature	Title	Date

Please email the completed form along with a **VOIDED CHECK** to [vendors@brickvine.com](mailto:vendors@brickvine.com)

**\*\*\* A voided check or bank confirmation letter is required to process this \*\*\***

# INVOICING BRICK & VINE

(Use these tips to make sure you get paid as quickly as possible)

Using document titles like "Statement" or "Quote" will slow down the process. Make sure it clearly says "Invoice" at the top

Include a unique Invoice Number for each invoice

IMPORTANT: Invoice To the Apartment Complex or House where the work was completed

Clearly show "Bill From" Information

Include as much detail as possible

- invoice date
- due date
- apartment number/house address
- description
- line total
- subtotal
- total

Include a work order number (provided by the property team) so we can associate work completed to our records

Submit Invoices to [ap@brickvine.com](mailto:ap@brickvine.com)

Only .pdf invoices are accepted

Not including this information will cause delays in payment. The more information provided, the fewer questions we have to resolve before payment.

**INVOICE**

DATE  
4/24/2020

INVOICE NO.  
1001

Logo  
Name

**YOUR COMPANY**  
Street Address  
City, ST ZIP Code  
Phone  
Email

**INVOICE TO**  
Vines at [Property Name]  
Street Address  
City, ST ZIP Code  
Phone  
Email

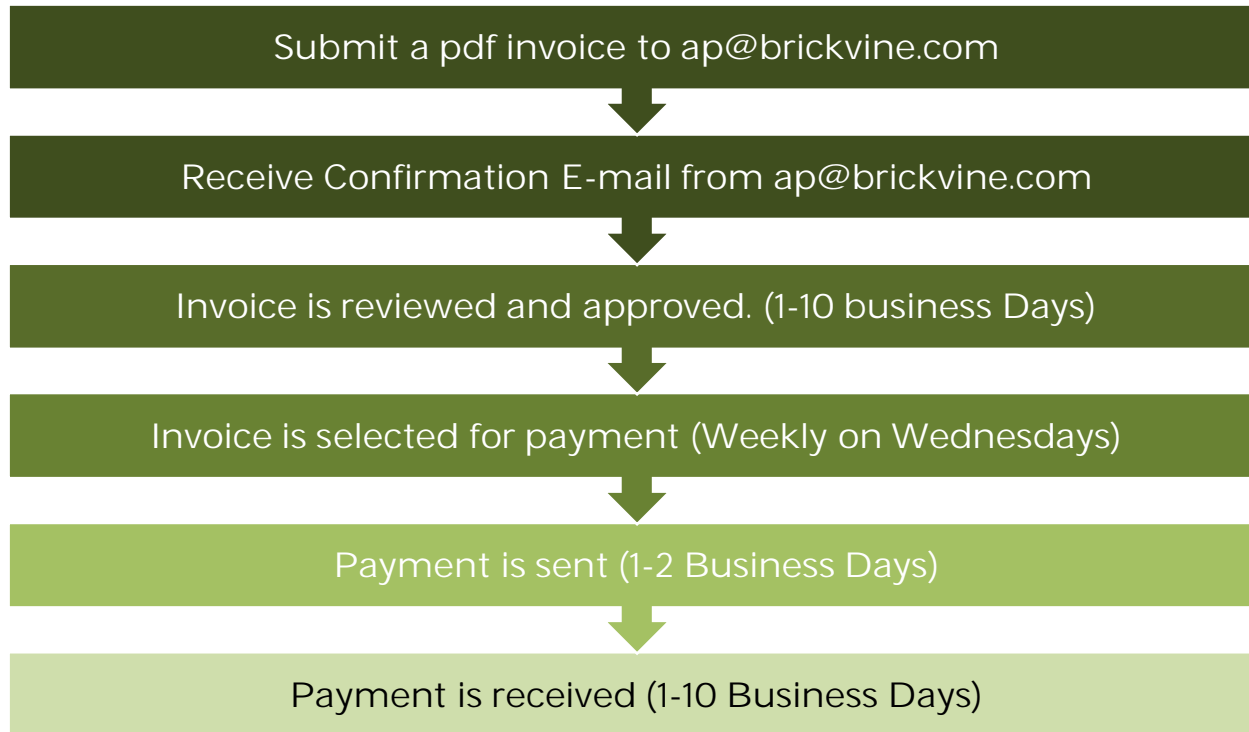
SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Net 30 days	

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Product description	\$100	\$100
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Product	Product description	\$Amount	\$Amount
Subtotal			\$100
Sales Tax			\$0.00
Total			\$100



BRICK & VINE

# Getting Paid By Brick & Vine



See timing of  
ACH/Check on next  
page!

Expect payment within 1 to 4 weeks

\*Receipt of Payment depends on various factors, including: timing of submission, terms/due date, and payment method. See timing of ACH/Check on next page.



BRICK & VINE

# Payment Options

By default, Brick & Vine pays all vendors BY CHECK- No Action is Required, but we would prefer to pay via ACH so you get paid quickly and easily with no delays. If you did not receive our ACH Enrollment Form, please email [vendors@brickvine.com](mailto:vendors@brickvine.com) to sign up for ACH payments. If you prefer to receive checks, please expect 7 to 10 days to receive by mail.

Payment Method	Fees	Payment Funds Availability
<b>ACH (JPMorgan Chase)</b> Payment confirmations are sent via e-mail after the payment is initiated. <u>Complete the ACH Enrollment Form and send to vendors@brickvine.com</u>	NO Fees are charged by Brick & Vine	Funds available 1-2 business days after payment approval.
<b>Check</b> Checks are cut and mailed out by the next business day after payment approval <u>Default payment method- No Action Required</u>	NO Fees are charged by Brick & Vine	Receive check within 7-10 business days after payment approval

For Invoice/Payment Status please contact [vendors@brickvine.com](mailto:vendors@brickvine.com) with the invoice number.

