



**InvenTrust**  
Properties

3025 Highland Parkway Suite 350 Downers Grove, IL 60515 630.570.0700

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## InvenTrust Properties New Vendor Package Instructions

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### *Sign up as a new vendor and for your preferred payment option*

Fill out the following items (attached):

1. Completed New Vendor Information
2. Completed Payment Sign Up Form
3. Completed W-9
4. Completed Certificate of Insurance - coverage levels are indicated in the contract or service agreement.

Submit these items directly to your contact at InvenTrust Properties

### *Sign Up for NexusConnect*

All vendors must be registered with NexusConnect, InvenTrust Properties' automated invoice system which allows you to submit your invoices directly into our payables system, check the status of your invoices, view Purchase Orders and payment information.

Sign up here for NexusConnect: <https://www.connectedbynexus.com/auth/login>

### *Invoice information*

#### Billing Address:

InvenTrust Properties LLC  
Property Name / Number  
P.O. Box 9270  
Oak Brook, IL 60522

#### What should be noted on the invoice:

- Invoice number and date
- Service Address (Property Name & Address)
- Month and Year of service
- Description of services rendered
- Work Order # / Contract # /PO #

### *Questions?*

Please contact InvenTrust Properties' Accounts Payable department

Email: [aphelpdesk@inventrustproperties.com](mailto:aphelpdesk@inventrustproperties.com)



## InvenTrust Properties New Vendor Information

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

Business Name: \_\_\_\_\_  
 (Please use the same legal name listed on the W-9)

Attention: \_\_\_\_\_

Remit To Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

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

InvenTrust Contact Name: \_\_\_\_\_

InvenTrust Property Name: \_\_\_\_\_

### Submit this form to your contact at InvenTrust along with:

- \_\_\_\_\_ Vendor Payment Sign Up Form (form attached)
- \_\_\_\_\_ Signed W-9
- \_\_\_\_\_ Completed Insurance Certificate  
 \*\*Required prior to performing work or making deliveries on site  
 \*\* Terms are per the Service Agreement
- \_\_\_\_\_ Executed InvenTrust Service Agreement

### IVT Employee Requesting New Vendor Setup - Complete this section

Requestor: \_\_\_\_\_

Property # or Name: \_\_\_\_\_

JDE Supplier #: \_\_\_\_\_

Mo. Contract/Agreement **\*please attach\*** \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, Explanation \_\_\_\_\_

Trade Code: \_\_\_\_\_ (see tab with Trade Codes)

Additional Notes: \_\_\_\_\_

New

Change

Reactivate

### Questions?

Please contact InvenTrust Properties' Accounts Payable department:  
 Email: [aphelpdesk@inventrustproperties.com](mailto:aphelpdesk@inventrustproperties.com)



## InvenTrust Properties Vendor Payment Sign Up

Choose ONE of the payment options below and fill out the corresponding information

### Credit Card Payments - The Quickest Payment Option

*If your company accepts Visa as a form of payment, you qualify for invoices to be **paid upon approval** instead of regular payment terms. Card fees are not the responsibility of InvenTrust Properties.*

Business Name: \_\_\_\_\_ Vendor No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Are you aware of any transaction limit that can be charged by credit card?

No  Yes - indicate amount of limit: \_\_\_\_\_

Would you like to receive one or multiple payments for invoices? (check one below)

Receive one payment for multiple invoices

Receive one payment per invoice

### ACH/Direct Deposit Option

*By signing up for ACH your company agrees to **30 day** payment terms.*

Submit an Email Address: \_\_\_\_\_

#### Instructions:

1. Your enrollment instructions and login credentials to Wells Fargo Bank will be sent to the above email address from InvenTrust Properties' AP department. This may take 2 to 3 days.
2. Follow the ACH enrollment instructions.
3. You will receive an email from ACHOnboarding@wellsfargo.com inviting you to a secure supplier enrollment portal. *For security purposes, Wells Fargo Bank stores your banking information, not InvenTrust.*
4. Once you have successfully enrolled, Wells Fargo will contact you with your login information and notify AP of a successful login. The email will be directly from @wellsfargo.com.
5. You can update banking information via the Wells Fargo portal.
6. For notification of payments, an email will be sent directly from @wellsfargo.com.

### Payment by Check

If you do not choose any of the above payment options, your invoices will be paid via check that will be mailed out by USPS.


# W-9 REQUIRED with Signature

Use this link to print the W-9: [https://www.irs.gov/pub/irs-access/fw9\\_accessible.pdf](https://www.irs.gov/pub/irs-access/fw9_accessible.pdf)

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	<b>Give Form to the requester. Do not send to the IRS.</b>	
Print or type. See Specific instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	
	<b>6</b> City, state, and ZIP code		
	<b>7</b> List account number(s) here (optional)		
	<b>Part I Taxpayer Identification Number (TIN)</b> 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.		
<b>Part II Certification</b> 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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> 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 for Part II, later.			
<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____	
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following. • Form 1099-INT (interest earned or paid) • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions) • Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. <i>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.</i>			
Cat. No. 10231X		Form <b>W-9</b> (Rev. 10-2018)	

# COI REQUIRED

This is provided by your insurance agent - Sample below.

		<h2>CERTIFICATE OF LIABILITY INSURANCE</h2>		DATE (MM/DD/YYYY) 8/10/2017																																																	
<p>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.</p>																																																					
<p><b>IMPORTANT:</b> 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).</p>																																																					
<b>PRODUCER</b> SAMPLE CERTIFICATE -			<b>CONTACT NAME:</b> Producer's information <b>PHONE (A/C, No, Ext):</b> Producer's information <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Producer's information																																																		
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<p>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.</p>																																																					
<table border="1"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL INSR</th> <th>SUBR WVR</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td></td> <td> <b>GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR            GENL AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input checked="" type="checkbox"/> LOC         </td> <td></td> <td>Y</td> <td>Y</td> <td>Policy Number</td> <td></td> <td>           EACH OCCURRENCE \$ 1,000,000            DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000            MED EXP (Any one person) \$            PERSONAL &amp; ADV INJURY \$ 1,000,000            GENERAL AGGREGATE \$ 2,000,000            PRODUCTS - COM/PROP AGG \$ 2,000,000         </td> </tr> <tr> <td></td> <td> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO  <input checked="" type="checkbox"/> ALL OWNED AUTOS  <input checked="" type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS  <input checked="" type="checkbox"/> NON-OWNED AUTOS         </td> <td></td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td>           COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000            BODILY INJURY (Per person) \$            BODILY INJURY (Per accident) \$            PROPERTY DAMAGE (Per accident) \$         </td> </tr> <tr> <td></td> <td> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR  <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE            DED      RETENTION \$         </td> <td></td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td>           EACH OCCURRENCE \$ 5,000,000            AGGREGATE \$ 5,000,000         </td> </tr> <tr> <td></td> <td> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>            ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)            If yes, describe under DESCRIPTION OF OPERATIONS below         </td> <td>Y/N</td> <td></td> <td>N/A</td> <td>Policy Number</td> <td></td> <td> <input checked="" type="checkbox"/> WC STATL-TORY LIMITS <input checked="" type="checkbox"/> OTHER            E.L. EACH ACCIDENT \$ 500,000            E.L. DISEASE - EA EMPLOYEE \$ 500,000            E.L. DISEASE - POLICY LIMIT \$ 500,000         </td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Policy Number</td> <td></td> <td></td> </tr> </tbody> </table>	INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJE CT <input checked="" type="checkbox"/> LOC		Y	Y	Policy Number		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000		<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				Policy Number		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$				Policy Number		EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A	Policy Number		<input checked="" type="checkbox"/> WC STATL-TORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000						Policy Number			<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b> InvenTrust Property Management, LLC, and Landlord are Named as Additional Insureds on Liability policies; Waiver of Subrogation applies. Such insurance is primary, non-contributory with any other insurance available to the Owner and Property Manager.  *****This is a Sample Certificate. Please have your broker provide proof of insurance based on the Insurance Requirements in your Lease agreement.*****				
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ACORD 25 (2010/05)			© 1988-2010 ACORD CORPORATION. All rights reserved.																																																		
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