

**Porter Ranch Community Association Management (PRCAM)
Vendor Payment Setup Form for:
The Heights at Porter Ranch**

Please submit a copy of your contractor's license and the following data:

Business Name on Contractors License: _____

Business Address: _____

Business phone: () _____ Cell phone: () _____

E-mail address: _____

License Number: _____

Expiration Date: _____

Address where you would like checks mailed if different from above: _____

Please submit a copy of your Liability and Workers Compensation insurance certificates:

Name on Certificates: _____

Tax Identification Number or Social Security Number: _____

Please submit with completed I.R.S. W-9 Form

Do you have an Injury Prevention Program in place for your employees, as required by law? **Yes or No**

Please note that it is the responsibility of each contractor to provide PRCAM and The Heights at Porter Ranch with renewal certificates whenever policies expire.