



New Vendor Information Requirements

The following information **MUST** be on file at CEPCO prior to work being done for the Association.

Legal Company Name: _____

Owners Name and Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Principle contact, cell phone
and fax number: _____

Accounts Receivable contact
name and ext. _____

Federal Tax ID/Social
Security Number: _____

Please complete attached W-9

General Liability Insurance
Carrier _____
This is a requirement. Please contact your insurance company and
ask them to email a certificate of Accord to CEPCO at
accountspayable@cepco-nc.com.

Workers Comp Insurance
Carrier _____
This is a requirement. Please contact your insurance company and
ask them to email a certificate of Accord to CEPCO at
accountspayable@cepco-nc.com.

Vehicle Insurance Carrier _____
This is a requirement. Please contact your insurance company and
ask them to email a certificate of Accord to CEPCO at
accountspayable@cepco-nc.com.

IMPORTANT: Insurance must be current and a current certificate must be presented each year at renewal, Invoices will NOT be paid without a current Certificate of Insurance.

Certificates should be made out to:

**CEPCO
1628 Doctors Circle
Wilmington, North Carolina 28401**

When sending an invoice, be sure the invoice is billed to the Association for whom the work is being performed, PLEASE NOTE: **Invoices made out to CEPCO will not be paid.** We act as an agent for the Association and the invoices are the HOA's responsibility not CEPCO. Original invoices should be mailed, emailed or dropped off at our office.

The mailing address is as follows:
(Homeowners Association's name)
c/o CEPCO
1628 Doctors Circle
Wilmington, North Carolina 28401

Please email invoices to: accountspayable@cepco-nc.com