



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: _____

General Liability Insurance Carrier _____

Please complete attached W-9

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**

Wilmington
1628 Doctors Circle
Wilmington, N.C. 28401
P: 910-395-1500
F: 910-395-6229
www.cepco-nc.com

**Professional Association Management
Toll Free 855-266-4128**

Brunswick Co.
1022 Grandiflora Dr.
Suite 100
Leland, NC 28451

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

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