

Landmark Retail Corp

Vendor Information Form

NOTE: If you are using the Word Document option, use the TAB key to advance through the form and your mouse to select/check

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This Supplier Information Package is required for companies operating in the United States of America and outlines important criteria for registration as an approved LRC Vendor

Instructions

1. Complete all requested information and send electronically to Info@lrcus.com or fax to 973-638-9625 if necessary

Make sure to attach copy of W-9 and current Insurance Certificate including General Liability. Please list the following as the additional insured:

2. Landmark Retail Corp
22 Muller Place
Little Falls, NJ 07424

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Package must be completed in its entirety to be considered as a supplier of LRC.

Part I – General Information

1. **Company, Division or Individual Legal Name** (As shown on Federal Tax documents, articles of incorporation, etc.)

2. **Check Appropriate Box:**
 Individual/Sole Proprietor Corporation Partnership
3. **State of Incorporation**
4. **Parent Company** (if applicable)
5. **Years Company In Existence**
6. **Is the Company privately owned or publicly traded?** Privately-Owned Publicly-Traded
 If Publicly Traded, Ticker Symbol ▶
7. **Taxpayer Identification Number**
8. **Address - HEADQUARTERS** Suite #
(for legal notices) City ST Zip
Main Telephone Number Area Code ()
Main Fax Number Area Code ()
9. **Address - REMITTANCES** Suite #
City S
T Zip
10. **Work Order Contact Information** **Please specify who the point of contact will be for work orders**
Name
Telephone Number Area Code ()
Fax Number Area Code ()
After Hours Number Area Code ()
E-mail Address (required)
11. **Company Website**
12. **Total Branch/Office Locations** **Total Number of Employees**

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Part II – Products and Services Description

13 Select applicable category (Mark all that apply):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> ALARM | <input type="checkbox"/> MOVERS | <input type="checkbox"/> CLEANING | <input type="checkbox"/> ADMIN |
| <input type="checkbox"/> APPLIANCES | <input type="checkbox"/> PAINTING | <input type="checkbox"/> JANITORIAL | <input type="checkbox"/> LEGAL |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> WALL-COVERING | <input type="checkbox"/> CARPETS / FLOORING | <input type="checkbox"/> TAX CONSULTANT |
| <input type="checkbox"/> COMPUTER / SOFTWARE | <input type="checkbox"/> PEST CONTROL | <input type="checkbox"/> WINDOWS | <input type="checkbox"/> DOCUMENT/
MAIL SERVICES |
| <input type="checkbox"/> DEMO / HAULING | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> EMERGENCY CLEAN UP | <input type="checkbox"/> EDUCATION / TRAINING |
| <input type="checkbox"/> DOORS / HARDWARE | <input type="checkbox"/> PROJECT MANAGEMENT | <input type="checkbox"/> HAZARDOUS MATERIALS | <input type="checkbox"/> FIRST AID |
| <input type="checkbox"/> DRAWINGS / PLANS / CADS | <input type="checkbox"/> ROOFING | <input type="checkbox"/> TRASH REMOVAL /
RECYCLING | |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SANITATION | <input type="checkbox"/> PRESSURE-WASHING | |
| <input type="checkbox"/> ELEVATOR | <input type="checkbox"/> SIGNS | | |
| <input type="checkbox"/> FIRE PREVENTION | <input type="checkbox"/> SECURITY | <input type="checkbox"/> ENVIROMENTAL | |
| <input type="checkbox"/> FLOORING | <input type="checkbox"/> SHEET METAL | <input type="checkbox"/> ARCHITECTURAL / DESIGN | |
| <input type="checkbox"/> WOOD <input type="checkbox"/> TILES <input type="checkbox"/> VCT | | | |
| <input type="checkbox"/> GLAZING | <input type="checkbox"/> SHIPPING | <input type="checkbox"/> FURNITURE / FIXTURES | |
| <input type="checkbox"/> HANDYMAN | <input type="checkbox"/> SPECIALTY | | |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> SPRINKLER | <input type="checkbox"/> GC | |
| <input type="checkbox"/> I.T / DATA | <input type="checkbox"/> STRUCTURAL | | |
| <input type="checkbox"/> LABORER | <input type="checkbox"/> SUPPLIER –SPECIFY- | | |
| <input type="checkbox"/> MASON | <input type="checkbox"/> SUPERVISION | | |
| <input type="checkbox"/> METALS / STEEL | <input type="checkbox"/> WATERPROOFING | | |
| <input type="checkbox"/> MILLWORK | <input type="checkbox"/> | | |
| <input type="checkbox"/> Other ▶ | | | |

Part III – USA Geographic Coverage Area

14 Select USA state(s) where Company is licensed to provide products/services (Mark only ones that apply):

- | | | | | |
|---|--------------------------------------|--|--|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Alaska | <input type="checkbox"/> Arizona | <input type="checkbox"/> Arkansas | <input type="checkbox"/> California |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Connecticut | <input type="checkbox"/> Delaware | <input type="checkbox"/> Florida | <input type="checkbox"/> Georgia |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Idaho | <input type="checkbox"/> Illinois | <input type="checkbox"/> Indiana | <input type="checkbox"/> Iowa |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Maine | <input type="checkbox"/> Maryland |
| <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Michigan | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri |
| <input type="checkbox"/> Montana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Nevada | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> New Jersey |
| <input type="checkbox"/> New Mexico | <input type="checkbox"/> New York | <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Oregon | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> South Dakota | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas | <input type="checkbox"/> Utah | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Virginia | <input type="checkbox"/> Washington | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Continental US | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> US Virgin Islands | | |

- 15. Percentage of Services Self-Performed** 100% 75%-99% 50%-74% < 50%

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Part IV – References and Certifications

16. Are any of the Company's employees unionized? Yes No
If Yes, please describe.
17. Is your company? **Minority Owned** **Female Owned** **Neither**
18. Can Company provide invoices electronically? Yes No
19. E-mail address for Request for Proposals, Quotes, etc.
20. **DUNS No.** **EDGAR CIK No.** (For SEC filings)
21. **SIC Code** **NAISC Code** **UNSPSC Code**
22. Is Company currently providing products/services to LRC? Yes No
23. Has the Company filed for bankruptcy protection under either Chapter 7 or Chapter 11 of the United States Bankruptcy Code? Yes No
24. Is there any pending or threatened litigation against the Company that could affect its ability to perform its obligations as a LRC supplier? Yes No
25. Provide 3 References:
26. Please List the Zip Codes or geographical area your company Services