

**HARMONS CITY, INC.
VENDOR APPROVAL REQUIREMENTS**

To: All Vendors:

Thank you for your interest in establishing a relationship with Harmons City, Inc. It is our policy to have on file proof of **current liability insurance**, on all vendors we do business with. This includes all regular vendors, drop-shipment and direct store delivery vendors, brokers, and distributors.

Please submit the required documents listed below to the Harmons buyer handling your request for vendor approval.

Required Document:
Attached (X)

1. An **ORIGINAL CERTIFICATE OF INSURANCE**, evidencing Commercial General Liability and Products / Completed Operation Liability insurance and indicating the following:

- Limits not less than \$1,000,000 each occurrence and \$1,000,000 general aggregate. General Merchandise and Pharmaceutical vendors require \$3,000,000 general aggregate.
- An additional Insured Vendor Endorsement naming Harmons City, Inc., and its Subsidiaries.
- Certificate Holder information on the document should read:

Harmons City, Inc., and Its Subsidiaries
Attn: Accounts Payable
3540 South 4000 West
West Valley City, Utah 84120

**Certificate should be obtained from your insurance department / carrier*

2. **An ETHICAL CONDUCT POLICY STATEMENT**.
This document must be signed by an officer of your company
3. W-9
4. Invoice

Federal Tax ID #

New Vendor

Name Change

Old Name:

Address Change

Remittance Email Change

Name:		
Address (1):		
Address (2):		
City:	State:	Zip:

Sales Contact:

AR Contact:

AR Phone:

AR Email:

**HARMONS CITY, INC.
EXPENSE, SUPPLY OR SERVICE VENDOR
VENDOR APPROVAL REQUIREMENTS**

Requested by: _____ Dept: _____ Date: _____

Vendor Name: _____ Est. Annual Expense: \$ _____

Address: _____ Contact Person: _____
_____ Phone: _____

Detail description of expense, supply or service payment:

Requestor's Signature: _____

Dept. Head Approval: _____

Controller: _____

Verification procedure used by Controller / Accounting Manager and explanation of unusual circumstance:

<p>Information Must Be Completed:</p> <p>Federal Tax I.D. Number (TIN) _____ 1099 Required: Yes _____ No _____</p> <p>Workers Compensation Information:</p> <p>Insured By : _____ Policy Number _____</p>
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**HARMONS CITY, INC.
ETHICAL CONDUCT POLICY STATEMENT**

The purpose of this document is to notify all vendors, brokers and others who do business with Harmons City, Inc., or any of its affiliated companies of Harmons expectations with respect to the ethical precepts that must control our business relationship.

We expect all business transactions with Harmons to be conducted only according to the highest ethical standard at all times and under all circumstances, without qualification. All Harmon employees must adhere to this standard and we expect those doing business with Harmons as well as their employees and representatives likewise, to adhere to this standard. Any failure to do so may lead to, among other remedies, immediate termination of all business relationships with any entities and individuals involved.

Your agreement to the foregoing by signing and returning this statement will be a condition of your doing business with Harmons and its affiliates in the future.

We understand and agree to the policy.

Name of Entity: _____

Address: _____

By: _____
Signature Title

Date: _____

Please return a signed copy of this statement to:

Harmon City, Inc. Attn: Accounts Payable
3540 S 4000 W Suite 500
West Valley City, UT 84120-3296