

INDEPENDENT VENDOR AGREEMENT

Vendor Business Name:	Phone:
Address:	Email:
Activity for which the vendor service will provide instru	action:
 Vendor Responsibilities in Order to Be Authorized. & Vendor must hold and provide a copy of a curre. Vendor must complete and return a W-9 Taxpetaxpetaxpetaxpetaxpetaxpetaxpetaxpet	payer Identification and Certification ility insurance for a minimum of \$1,000,000 per ed Shores Academy as an additional insured to opy to USA office th students must have a cleared fingerprinted eting with students if an authorized adult is not
will only be paid for services performed during	allowed. provision of said services on a monthly basis. d the student as client, but billed to Uncharted Invoice must include vendor's business name, after the vendor is approved, and that the vendor the school year, excluding holidays. ort on a monthly basis. (report will be provided by
I will provide, or have already provided, the documents by the terms of this agreement. Services will not begin u authorization indicating approval.	• • • • • • • • • • • • • • • • • • • •
Name of Vendor Authorized Signer:	Title:
V 1 C' 4	D.A.,

USA will send the Vendor an official authorization form when Vendor is approved.