

Vendor Information	
Name of Business:	
Yardi Vendor ID:	
Contact Name:	
Business Phone Number:	Fax Number: E-mail address:
Payment Preference	ACH Credit Card
ACH (Direct Deposit)	Account Type: Checking: Savings:
Bank's Name:	Bank's Address:
Account Number:	
E-mail Address for Payment Noti	fication (if different than above):
CREDIT CARD	E-mail Address for Payment Notification (If different than above):
CHECK	
Mailing Address for Paymer	nts if different than above:
Net Terms:	Discount Terms:
Does your company pi	rovide Electronic Invoicing: No Yes (If yes, please compete line below)
EDI	(we will contact you for requirements) <b>E-mail</b> (submit invoices to EssexVendorInquiries@EssexPropertyTrust.com)
Before submitting, please rev	iew your answers for accuracy and that proper documents have been attached to the application.
Vendor Signature	Print Name Date
For Internal Use Only:	
Asst Treasurer Signature:	Date: