

Select Business Services
Advantage Equity Services
Federal Research



To Whom It May Concern:

Thank you for your interest in being a potential vendor with CBCInnovis (Advantage Equity Services, Select Business Services, Federal Research). We take pride in our workmanship and customer relations. Our clients are very important to us and we provide them with the highest quality, the lowest cost and the best customer service.

Enclosed you will find a packet of information to be reviewed. After reviewing if you feel that you meet the standards requested by CBCInnovis please complete the forms and return them to our vendor relations personal ASAP. All of the information requested is required in order to maintain the policies and standards of CBCInnovis. Your prompt attention is greatly appreciated.

For consideration you must complete and/or return the following documents:

1.	Abstractor Information Sheet	
2.	Abstractor Terms and Fees Schedule	
3.	Independent Contractor Agreement	
4.	Abstractor Confidentiality Agreement	
5.	ACH Direct Deposit Form	
6.	W-9	
7.	Copy of Current E&O Policy *minimum coverage of \$50,000	

Please note the request for email address, shown on the Abstractor Information sheet. The use of email to transmit information assists in reduction of operating costs and for better communication between you and our staff. If you do not currently have an email account, we urge you to set an account up with any of the many free email providers available on the Internet

We look forward to working with you.
The Companies of CBCInnovis.

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Failure to return this information in within seven days will cause you to be dropped from consideration. Return completed documents and copies via email to:

Vendorpacket@cbc-companies.com or e-fax to (888)-231-6502

For questions, please contact the office providing you with this packet. Your prompt attention is sincerely appreciated.

ALL SEARCHES, UPDATES AND BILLINGS SHOULD BE DIRECTED TO THE ORIGINATING CBCINNOVIS OFFICE.

Search Procedures:

1. Assignment CBCInnovis will fax or email orders directly to you. Please observe:
 - Comment section for specific requirements
 - Due date and time specified

1 (a) Turnaround Time: If searches cannot be completed on time, you must notify CBCInnovis with an explanation.

1 (b) CBCInnovis must approve in writing all fee variance **prior** to completing search.

Note: Fees invoiced without CBCInnovis approval will not be honored.

2. Complete Work Assignment:
 - Fill in all applicable information
 - Return searches to CBCInnovis no later than the due time specified on order form.
 - If searches cannot be completed on time, you must notify the origination department with explanation.

3. Quality Assurance Review:
 - The complete search will be reviewed by CBCInnovis.
 - A comment sheet regarding the search may be sent for clarification. Respond to all comments ASAP.
 - A corrected version will be at vendor's expense. Examples: (1) incorrect property searched, (2) recheck on missed mortgages, (3) all required information not received on initial report (etc.).

4. Billing for Select Business Services:
 - Monthly invoice required
 - May be submitted via email, fax or mail.
 - All invoices for completed work must be fully submitted within 30 days of being processed.
 - CBCInnovis will not pay more than your submitted fee on the fee schedule, unless you have received written authorization as stated in 1(b) above.
 - Direct deposit offered.

5. Billing for Remaining Offices:
 - No invoicing required.
 - Vendor will be paid automatically upon receipt of approved search product
 - Payment will be the vendor's original submitted amount
 - Any questions as to fees must be brought to the attention of CBCInnovis at the time of order placement.
 - Payment will be remitted within 30 days of receipt of search product.
 - Vendor checks are issued around the 15th and 30th of every month and are issued under our parent company **CBC Companies, Inc.**
 - **Please see the next page regarding invoicing disputes.**

****** Please note that all payment disputes must be addressed within 60 days of original invoice date for consideration, outside of 60 days all payment disputes will be considered invalid.******

Product Search Requirements:

Current Owner Search: Searches of land records from the current deed forward, including copy of the current deed, complete information regarding open mortgages, judgments, financing statements against the real estate, real estate taxes and assessment information. Exceptions may be quitclaim deeds or inter-family deeds.

Commercial Current Owner: Search performed as a current owner but on commercial property or a business rather than residential property (includes UCC's).

2-Owner Search: A search of land records from the first prior deed and current deed forward, including copy of current and prior deed, any complete information regarding open mortgages, judgments, financing statements against the real estate on the prior and current owner, real estate taxes, and assessment information.

Updated Search: A search performed from the effective date of a previous order usually within 90 days of original order.

Bringdown/Document Recording: Prior to recording the mortgage, perform an update report using the effective date on your original Search. If there are no changes since the original report, and all grantees from the title have executed the mortgage, file the mortgage and notify SBS the **same day** documents are recorded. Once you or your company receive mortgage, the document must be recorded immediately.

- If there are any changes from the original report **DO NOT** file the mortgage. Notify CBCInnovis of what these changes are. You will be given proper instructions on what to do.

Deed Search Only: Verify current owner and provide a copy of the current deed and tax parcel ID number.

Full Title Search: A search of land records. Search the complete chain of title starting at an assigned number of years (usually by state statute), and report all matters affecting the real estate.

Foreclosure Search: Full title search with photocopies of all items (mortgages, liens, encumbrances, etc.) affecting title.

Tax Search Only: Verify that current taxes are paid and include the parcel number.

Judgment Search Only: Provide the plaintiff, defendant, case number, and amount of judgment, along with any identifying information, i.e. address, social security number.

Mortgage Audit: Name, address, county, lender, dated date, and amount of mortgage will be provided. Report recorded date, book and page or instrument number, and verify amount. Copies are NOT needed. Turnaround time is one week.

UCC Search (county and/or state): Search of Financing Statements per customer's request or county/state minimum requirements.

Exceptions: Under certain circumstances, delivery deadlines cannot be made due to extensive parcels, common name, inability to locate properties, etc. When these problems occur, contact the Origination Department immediately.

E & O Insurance: Errors & Omission coverage must be carried by each individual abstractor and kept in effect for the term of this contract.

Abstractor Information:

Vendor Company Name _____

Contact Name _____

Mailing Address _____

Phone # _____ *Required*

Fax # _____ *Required*

Cell # _____ *Required*

Email _____ *Required*

Backup _____

State/County Coverage Area:

State: _____

Counties: _____

State: _____

Counties: _____

State: _____

Counties: _____

Abstractor Terms & Fees Schedule:

Please indicate your best price for services listed. A Select Business Services manager must approve any fee difference during a search, other than what has been submitted on the fee schedule, before the search is completed. SBS will not pay for any additional costs not requested by SBS. Fee changes must be submitted, in writing, 30 days in advance of effective date.

Fee

Service (definitions on page 2 & 3):

Commercial Current Owner Search	_____
Deed Search Only	_____
Judgment Search Only	_____
Bringdown/Document Recording	_____
Current Owner Search	_____
Tax Search Only	_____
Full Title Search	_____
UCC Combined Search	_____
UCC County Search	_____
UCC Filing Verification	_____
UCC State Search	_____
Updated Current Owner Search	_____
2-Owner Search	_____
Mortgage Audit (1 week turnaround)	_____
Copy Cost	_____

Vendor Company Name _____

Volume Capacity (per day) _____

I acknowledge that I agree with the terms listed above. Date: _____

(Signature)

(Printed)

Title

INDEPENDENT CONTRACTOR AGREEMENT

THIS AGREEMENT, made and entered into this ____ day of _____, 20____, by and between CBCInnovis (Advantage Equity Services, Select Business Services, Federal Research) (hereinafter “CBCInnovis”) and _____, an individual residing at _____ (hereinafter “Contractor”).

WITNESSETH:

WHEREAS, CBCInnovis wishes to retain Contractor as an independent contractor in order to perform certain services in accordance with the terms and conditions contained herein; and

WHEREAS, Contractor wishes to perform certain services on behalf of CBCInnovis in accordance with the terms and conditions herein.

NOW THEREFORE, the parties hereto, intending to be legally bound, hereby agree as follows:

1. CBCInnovis hereby retains Contractor and Contractor hereby agrees to perform the following described services upon the terms and conditions contained herein:

Contractor is solely responsible for acceptance of the order, for the manner, means, method and work hours of the performance of services hereunder, provided however that Contractor shall satisfactorily complete said services necessary to perform the services addressed under this Agreement including but not limited to any such materials, supplies, and transportation. CBCInnovis shall be free to reject any work product or service provided by Contractor if, in its sole discretion, CBCInnovis believes such work product is inadequate for the CBCInnovis purposes. In providing said services, Contractor shall report its progress to CBCInnovis as CBCInnovis determines necessary.

2. It is fully understood between CBCInnovis and Contractor that it is the intent and condition of this Agreement that Contractor not be an employee of CBCInnovis and, in connection therewith, Contractor shall be solely responsible for performance of its duties hereunder. It is further understood and agreed that Contractor is neither the agent nor legal representative of CBCInnovis, but rather is an Independent Contractor acting exclusively on his/her own behalf and has no authority whatsoever to make any agreements, representations or warranties or conduct any business in the name of, for the account of or otherwise to bind or obligate CBCInnovis. Contractor acknowledges that he/she is not an employee of CBCInnovis and is not entitled to any of the rights or benefits afforded CBCInnovis employees.

3. It is agreed that in consideration for said services, CBCInnovis shall pay contractor as follows:

Contractor shall be solely responsible for all federal, state, and local tax obligations relating to the services to be performed hereunder.

4. This Agreement is terminable at will by either party at any time upon written notice given to the other party at the above addresses, provided however, that Contractor’s termination shall not relieve him/her from satisfactory completion of the services agreed upon.

5. This Agreement constitutes the entire Agreement and understanding between the parties hereto and supersedes any prior agreements and understandings relating to the subject matter of this Agreement. This Agreement may be modified or amended only by a written instrument executed by the authorized representatives of both parties.

6. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed original.

7. This Agreement is and shall be governed, construed, and enforced in accordance with the laws of the Commonwealth of Pennsylvania. If any provision or provisions hereof shall at any time be found or declared invalid or unenforceable, such finding or declaration shall not impair the remaining provisions, but the same shall remain valid and enforceable.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the date first above written.

CONTRACTOR

CBCINNOVIS

By _____

By: _____

Company: _____

Social Security Number

Title: _____

Mailing Address: (If different than first above stated)

CONFIDENTIALITY STATEMENT
FOR USE WITH TEMPORARY AND
OUTSIDE CONTRACT WORKERS

It is the policy of CBCInnovis to ensure that its operations, activities and business affairs, and those of our clients, as well as the consumers, are kept confidential to the greatest possible extent. If, while working for the company, you acquire confidential or proprietary information about CBCInnovis, its clients, or consumers, such information is to be handled in strict confidence and not to be discussed with outsiders. You are also responsible for the internal security of such information.

Dissemination of information from credit or collection records, personnel files or business records in the course of your work may be a violation of the federal Fair Credit Reporting Act, the Fair Debt Collection Practices Act or the Counterfeit Access and Computer Fraud and Abuse Act. Violators would be subject to the penalties associated with these federal laws.

By accepting a temporary assignment with CBCInnovis, I understand that I will be accountable for maintaining confidentiality of the work to which I am assigned. I will not share this information with anyone not employed by CBCInnovis, nor share it with anyone including CBCInnovis employees when there is not a business need for the individual to have access to such information and without CBCInnovis' consent. This information is to remain confidential both during the assignment with CBCInnovis and after the assignment ends.

Confidential Information shall include, but not be limited to, information as follows:

- a. Information about a consumer obtained from a credit report or collection account, or obtained in the process of doing one's job related to the credit report or collection.
- b. Non-public information concerning CBCInnovis, such as its performance, assets, future plans, and services.
- c. Information concerning a customer or potential customer.
- d. Information about yourself or any employee of CBCInnovis concerning personnel matters.

Upon termination of this assignment or this agreement, I agree to return to CBCInnovis all written, descriptive or related matter, which contains confidential information. I also agree and acknowledge that I may still be held liable for any outstanding work, as well as for the quality of the work provided previously.

Temporary Associate _____ Date _____

Witness Name _____ Date _____

Company Name _____

**CBCInnovis
AUTHORIZATION FORM FOR
ACH DEBIT PAYMENTS (ACH)**

VENDOR NO _____
ADD _____
CHANGE _____
DELETE _____

COMPANY NAME: _____

ADDRESS: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

BANK ACCOUNT NAME: _____

BANK ACCOUNT TYPE: *Circle One* **CHECKINGS** **SAVINGS**

MUST INCLUDE COPY OF VOIDED CHECK-

A DEPOSIT SLIP WILL NOT BE ACCEPTED

REMITTANCE ADVICE OPTIONS

Select One

EMAIL ADDRESS: _____

FAX NUMBER: _____

AUTHORIZATION

AUTHORIZED NAME: _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED TITLE: _____

DATE: _____

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

INVOICE

DATE: _____ INVOICE #: _____
 VENDOR NAME: _____
 ADDRESS: _____
 TAX ID #: _____ TOTAL: \$ _____

	DATE	COUNTY	ORDER #	CUSTOMER NAME	REPORT TYPE	FEE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
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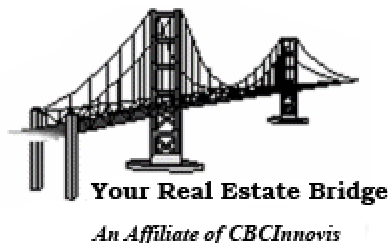
REMIT TO: IE, PA 16506

<p>***OFFICE USE ONLY***</p> <p>CBCINNOVIS</p> <p>VOUCHER STAMP</p> <p>OFFICE COST CENTER <u>120</u></p> <p>APPROVED BY _____</p>	<p>***ACCOUNTING ONLY***</p> <p>INV# _____ ACCT# _____</p> <p>PAID _____ CHECK # _____</p> <p>RECD _____ DUE _____</p>

CBCInnovis Contact Information



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Pittsburgh, PA 15220
(800) 746-2374



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