EDGEWATER CABINET STORE

EDGEWATER CABINET STORE, LLC
Subcontractor & Installer Application (Printable Packet)

Online submission preferred at installers.edgefam.com/cabinetinstallers. Attach ID front + selfie, business license(s), and references.

First & Last Name *

Business Name (if applicable)

Street Address

Email Address *

City, State, ZIP

Phone Number *

Sunbiz Registration #

EIN or SSN (Last 4 Only)

Website (if applicable)

Years of Experience

Other Licenses / Professional Certifications

Highlight Strengths & Weaknesses

Jobs You Prefer vs. Refuse to Accept

Applicant Certification & Florida Subcontractor Acknowledgments:

I certify that all information, licenses, Sunbiz registration, and references provided are true and complete. I authorize verification of references and trade credentials. I understand this application is for an independent subcontractor relationship under Florida law — NOT employment — and does not guarantee job assignments. Electronic or handwritten signature carries full legal binding effect.

Applicant Signature (certifies all information is accurate)

Date

EDGEWATER CABINET STORE

EDGEWATER CABINET STORE, LLC
Job References (Up to 5 — More Online)

Optional — attach up to 25 portfolio photos if submitting paper copy.

Reference #1

Name _____ Phone _____ Email _____

Address of Job _____ City _____ State _____ ZIP _____

Reference #2

Name _____ Phone _____ Email _____

Address of Job _____ City _____ State _____ ZIP _____

Reference #3

Name _____ Phone _____ Email _____

Address of Job _____ City _____ State _____ ZIP _____

Reference #4

Name _____ Phone _____ Email _____

Address of Job _____ City _____ State _____ ZIP _____

Reference #5

Name _____ Phone _____ Email _____

Address of Job _____ City _____ State _____ ZIP _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EDGEWATER CABINET STORE

EDGEWATER CABINET STORE, LLC
Blanket Independent Installer & Subcontractor Agreement

Governs all jobs performed for Edgewater Cabinet Store, LLC (even if a per-job agreement is not separately executed).

1. Independent Contractor (Not an Employee)

Installer is an independent business entity/contractor and is NOT an employee, agent, or joint venturer of Edgewater Cabinet Store, LLC. Installer controls its own crew, tools, means, and methods, and is solely responsible for all taxes, workers' compensation, and liability insurance.

2. Blanket Governance Across All Jobs

This Blanket Agreement applies automatically to every job assigned to or performed for Edgewater Cabinet Store, LLC, and is incorporated by reference into every per-job Installer Job Agreement. If a per-job form is inadvertently missed for any job, all terms, indemnification, warranty, and photo/checklist rules in this Blanket Agreement still govern that job.

3. Material Pickup & Customer Delivery Sign-Off

Installer must inspect and sign the Delivery Pickup Form before leaving the store/warehouse. Once materials leave the store, risk of loss/damage during transport and installation transfers to Installer. Customer (or authorized adult) must sign delivery confirmation before installation begins.

4. Customer Not Present — Mandatory Completion Photos

If the customer is not present at job completion to inspect and sign off, Installer MUST upload clear Before, During, and Completion photos to the portal before leaving the site. Failure to upload completion photos when the customer is absent makes Installer liable for post-install damage claims, and resolving the customer issue falls directly on Installer.

5. Suppliers, Fabricators & Payment Structure

Customer materials are 100% due upfront unless a written Split Payment Addendum is approved at contract generation. Countertop fabricators are generally paid by Edgewater Cabinet Store, LLC per vendor agreement; installation labor is paid per the agreed job scope.

6. Outside / Customer-Chosen Installers

Customers may choose their own outside installer; however, materials must still be signed off upon leaving the store, and Edgewater Cabinet Store, LLC cannot enforce store installer paperwork or workmanship warranties on non-contracted outside installers.

7. Expected Job Workflow

(1) Schedule -> (2) Warehouse Material Pickup Sign-Off -> (3) Job-Site Material Delivery Sign-Off with Customer -> (4) Before / Install / Complete Photos -> (5) Detailed Installation Checklist Dual Sign-Off -> (6) Customer Direct Payment per Scope.

8. Governing Law & E-Signature

Governed by Florida law with venue in Volusia County, Florida. Electronic or drawn signatures carry full legal force.

SAMPLE — REVIEW ONLY

SAMPLE ONLY — DO NOT SIGN (Installer Signature) **Date**

Invoice _____ Sale Date _____ Customer _____ Installer _____ Install Date _____

Independent Installer Job Agreement – Terms & Liability

1. Installer and customer acknowledge the installer is an independent contractor and has provided all required and requested documentation to Edgewater Cabinet Store, LLC prior to beginning work on the customer's job site.

2. Installer acknowledges independent contractor status and that measurements may be verified by the Installer, the Store, or provided by the Customer and not verified.

If materials are ordered based on Customer-provided or unverified measurements, Installer agrees responsibility does not rest with the Store.

Installer agrees to defend, indemnify, and hold harmless the Store from claims arising from measurement inaccuracies, re-work, delays, or installation issues related thereto.

3. Edgewater Cabinet Store, LLC is not liable for installation workmanship, or damages that occurred during installation.

All liability for installation is the independent installer's responsibility. If the customer is not satisfied with any aspect of the installation, they must come to a resolution with the independent installer they have paid or agreed to pay for the job.

There is a standard 1-year limited warranty with our installers on the installation workmanship that begins the day of installation.

4. All materials must be inspected by the installer before leaving the warehouse and by the customer when the materials are received at their job site. The only exception to the customer not signing, is if the customer is not present during the job or available to inspect upon job completion, before the installer leaves the site. If the customer is not present, the customer then releases their inspection right and only the installer signature will be required.

5.. Once materials leave the store, liability transfers to the installer and/or the customer.

6. Installer agrees to follow all Florida laws and licensing rules as well as all agreed to terms in the Independent Installer Safety and Workmanship Agreement.

7. This Agreement is governed by Florida law with venue in Volusia County, Florida

_____ _____

Installer Signature Date

SAMPLE — REVIEW ONLY

Invoice _____ Sale Date _____ Customer _____ Installer _____ Install Date _____

Chain-of-Custody Material Handling

Material Release Form

(Customer / Installer / Store / Delivery Driver)

1. At receipt from the manufacturer, the store will inspect and document visible damage.

_____ _____

Store Representative Date

2. At store pickup by Installer / Customer, the picking party must inspect and sign.
The Store will complete an Inspection Checklist and Material Release form.

_____ _____

Pickup Person (Customer / Installer) Date

3. For Store deliveries, the driver is responsible for signing and collecting the Customer's signature on the Delivery Condition Acknowledgment upon delivery before leaving.

_____ _____

Delivery Driver Date

_____ _____

Customer Receiving Delivery Date

4. Any damage or shortage discovered after signed release must be pursued against the Installer (if Installer transported) or the manufacturer/supplier as applicable.

_____ _____

Customer Acknowledgement Date

SAMPLE FORM

Invoice _____ **Sale Date** _____ **Customer** _____ **Installer** _____ **Install Date** _____

Delivery Pickup Form (Installer)

Material Inspection & Release Form (Store Representative & Installer)

Complete the following BEFORE material leaves the store or warehouse dock. Both Store Representative and Independent Installer must inspect materials and confirm counts and condition. Once materials leave the store, liability for transport, jobsite delivery, and material handling transfers to the independent installer.

Material Inspection Checklist (Before Leaving Store)

- ☐ Material count matches invoice and vendor packing slip (piece and carton totals verified).
- ☐ Cabinets and components inspected for damage - no visible dents, scratches, cracks, or finish defects.
- ☐ Molding, fillers, scribe, toe kick, decorative panels, and trim accessories included and verified.
- ☐ Hardware (hinges, drawer slides, pulls/handles, screws, shelf pegs) present in order packaging.
- ☐ Packaging intact, labeled with customer job name, and secure for vehicle transport.
- ☐ Any visible damage, shortages, or discrepancies must be documented below prior to leaving the store.

Documented Exceptions, Shortages, or Pre-Existing Notes:

SAMPLE FORM

The Independent Installer hereby acknowledges inspection and receipt of all materials listed on this order in satisfactory condition, except as noted above. Edgewater Cabinet Store is released from transit damage once materials depart the dock.

Store Representative Signature: _____ **Date:** _____

Installer Signature: _____ **Date:** _____

Invoice _____ **Sale Date** _____ **Customer** _____ **Installer** _____ **Install Date** _____

EXHIBIT A – INSTALLATION CHECKLIST & CUSTOMER SIGNOFF

Jobsite Installation Verification & Final Walkthrough Signoff

To be completed at the job site upon installation completion. Installer and Customer must inspect work together.

Cabinet Installation

- ☐ Cabinets level, plumb, and square across all runs.
- ☐ Hardware (hinges, drawer slides, pulls/handles, soft-close mechanisms) present and properly adjusted.
- ☐ Secure fastening into wall studs or structural masonry backing.
- ☐ Doors and drawers aligned, functioning smoothly, and adjusted for proper reveal.
- ☐ Molding, fillers, scribe, panels, and trim accessories installed cleanly without visible gaps.

Countertop Installation (If Applicable)

- ☐ Proper support, brackets, and overhangs verified according to manufacturer specifications.
- ☐ Seams tight, level, and smooth without excessive gap or lippage.
- ☐ Cutouts compliant with sink, cooktop, and plumbing specifications.
- ☐ No visible chips, cracks, or surface defects beyond natural material norms.

Jobsite & Completion

- ☐ Customer property protected throughout installation (flooring, adjacent walls, appliances).
- ☐ Work area cleaned. Debris, scrap, tools, and packaging materials removed from the premises.
- ☐ Final walkthrough completed with Customer in person.
- ☐ Completion photos submitted to Retailer (Send to: edgewatercabinetstore@gmail.com).

SAMPLE FORM

DISCLAIMER TO INSTALLER (LIABILITY RELEASE NOTICE):
If you do not obtain the Customer's signature on this document upon job completion, you are releasing Edgewater Cabinet Store, LLC of any and all liability from installation, workmanship, or problems related thereto. All liability for installation and workmanship remains solely with the independent installer pursuant to the Independent Installer Job Agreement.

Installer Signature: _____ **Date:** _____

Customer Signature: _____ **Date:** _____