



**Hello New Vendor!**

**Welcome to the IMC Family of vendors. We want you to know that we value your relationship and hope for a long lasting affiliation!**

**In order to ensure that our clients are protected, we need to get the following information from you and your company:**

**Please find enclosed the Vendor package.**

- **Vendor Application Form**
- **W-9 Form**
- **Submit Vendor Application & W9: [Certificate@imchhi.com](mailto:Certificate@imchhi.com)**
- **Vendor Payment Options with AvidXchange/StrongRoom**

**Please have your Insurance Agent(s) provide a Certificate of Insurance (COI) on your behalf.**

- **Agent should include Your Company name in subject line.**
- **Certificate Holder:**

IMC Resort Services, Inc.  
2 Corpus Christi, Suite 302  
Hilton Head Island, SC 29928

- **Submit COI(s) to: [Certificate@imchhi.com](mailto:Certificate@imchhi.com)**

**To Submit invoices, email: [imchhiinvoices@payableslockbox.com](mailto:imchhiinvoices@payableslockbox.com)**

**See page 3 for important payment information.**

**If you have any questions, please do not hesitate to contact me at 843-785-4775 x125 or at [Jessica@IMCHHI.com](mailto:Jessica@IMCHHI.com).**

Sincerely Yours,

**Jessica Simpson**  
**Accounts Payable Manager**  
IMC Resort Services, Inc.

2 Corpus Christi # 302  
Hilton Head Island, SC 29928

[www.IMCHHI.com](http://www.IMCHHI.com)

Ph: 843.785.4775  
Fx: 843.785.3901

**ASSOCIATION MANAGEMENT**

(Rev. 02.2020)



## Vendor Application Form

Please complete all of the following information, where applicable:  
Form should be submitted to: [Certificate@IMCHHI.com](mailto:Certificate@IMCHHI.com)

Tax ID # (FEIN or SSN): *(Please include, and attach IRS W9 form upon submission of vender application)*

Organization Type:     Corporation                     Individual/Sole Proprietor     Joint Venture  
    LLC                                     Partnership/LLP                     Non Profit

Name of Company/Firm (as shown on Federal Tax Return): \_\_\_\_\_

Alternate Name, if applicable (DBA): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Business Ph# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

-----**INSURANCE DETAILS**-----

Insurance Agent: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

General Liability Company \_\_\_\_\_

Workman's Comp. Company \_\_\_\_\_

Auto Liability Company \_\_\_\_\_

Industry Licenses: \_\_\_\_\_

Industry Designations: \_\_\_\_\_

\*\*

Insurance agent must forward a copy of the following to [Certificate@imchhi.com](mailto:Certificate@imchhi.com) please include Insurance Name in Subject should include: **Insured Name** [NOT CERTIFICATE HOLDER]

**General Liability  
Workman's Comp.**

**Certificate Holder:**            *IMC Resort Services, Inc.  
2 Corpus Christi Pl, Suite 302  
Hilton Head Island, SC 29928*

\*\*

-----  
Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Failure to provide any of the information requested on this form will not allow us to process, and pay any invoices for your company\*\***

2 Corpus Christi # 302  
Hilton Head Island, SC 29928

[www.IMCHHI.com](http://www.IMCHHI.com)

Ph: 843.785.4775  
Fx: 843.785.3901

**ASSOCIATION MANAGEMENT**



## Important Vendor Payment Options

We use a Third-Party payable system called AvidXchange/StrongRoom, which allows us to offer you multiple payment options.

There are three payment options with our 3<sup>rd</sup> party payable company:

Virtual Credit card – Free  
Direct Deposit - has a fee  
Paper Check - Free

It is the vendor's choice on how payment is provided. A vendor can also set parameters. For example they can choose:

Payments between \$1- \$250 credit card  
Payments between \$250-500 direct deposit(DD)/ACH  
Payments greater than \$500 check.  
Or all payments in check.

Unfortunately Strongroom/AvidPay does not allow us to make this choice for our Vendors. Vendors will need to contact support directly with the request.

---

For more information regarding payment please contact Strongroom/AvidXchange directly,

Phone: [704-971-8170 Ext:1](tel:704-971-8170)  
Email: [supplier@avidxchange.com](mailto:supplier@avidxchange.com)

### IMPORTANT NOTE:

After the vendor profile has been created and the first payment is authorized, AvidPay/Strongroom, will contact you regarding your first payment, at this time please make a note to advise them on how you would like to proceed receiving payments in the future, Virtual Credit Card, Direct Deposit or Paper Check.

2 Corpus Christi # 302  
Hilton Head Island, SC 29928

[www.IMCHHI.com](http://www.IMCHHI.com)

Ph: 843.785.4775  
Fx: 843.785.3901

ASSOCIATION MANAGEMENT

(Rev. 02.2020)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <p style="color: blue; font-weight: bold;">                 CERTIFICATE@IMCHHI.COM                  IMC RESORT SERVICES INC                  2CORPUS CHRISTI PL, STE 302                  HILTON HEAD ISLAND, SC 29928             </p>

## 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

## 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.

<b>Sign Here</b>	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](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*