



Dear Travel Professional,

Thank you very much for your recent request to do business with SeaDream Yacht Club. In order to be able to set up your agency for commission purposes, please submit the following items:

For all Agencies:

- Business cards of the owners and managers
- Agency letterhead showing full street address (no PO Boxes)
- SeaDream's Agency Information form filled in (Page 2)
- Business License (If not required please state so on letterhead)
- Completed IRS W-9 Form (See pg. 4 -) for US agencies only

Please forward a photocopy of the following:

For all **Non ARC/IATAN Agencies:**

- Incorporation letter, if applicable
- Seller of Travel certificate if applicable
- CLIA certification if applicable
- Letter from Consortium if applicable. (The letter must come from the organization, NOT your agency)

For all **ARC or IATAN approved agencies:**

- Copy of ARC approval letter showing requesting office's address
- Copy of IATAN certificate
- Letter from Consortium if applicable. (The letter must come from the organization, NOT your agency)

Upon receipt of the above, we will set you up in our database. Please forward all documents BY FAX to the following fax number: (305) 631- 6110 or Mail to SeaDream Yacht Club, 601 Brickell Key Drive, Suite 1050, Miami, Florida 33131.

If you have any questions you may contact our office at 1-800-707-4911.

We look forward to working with you to ensure that your agency's business with SeaDream Yacht Club is a great success.

SeaDream Yacht Club



AGENCY INFORMATION FORM

Agency Name: _____
Address (No PO Box): _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Phone (not toll free): _____
Fax: _____
Agency e-mail: _____
Agency Website: _____

AGENT NAME:

Are you home based? **YES** **NO**

If yes, please provide home-office contact details:

Agent Name: (First / Last) _____
Address (No PO Box): _____
City: _____
State/Province: _____
Zip/Postal Code: _____
Phone (not toll free): _____
Fax: _____
Agent e-mail: _____



Do you want access to our 'Online Reservation System' at www.seadreambookings.com?

YES NO

Preferred username (4 TO 10 characters): _____

Are you a member of a consortium? YES NO

If yes, which one: _____



****ONLY REQUIRED FOR U.S. AGENCIES****

Request for Taxpayer Identification Number and Certification

Dear Travel Partner,

SeaDream Yacht Club is required by law to have on file the IRS W-9 Form for all Travel Agents with whom the company does business. Please complete the form below, sign and date it and fax it back to us at fax number 305-631-6110.

Thank you,
SeaDream Yacht Club

-- Substitute W-9 Form --

Name of Agency: _____

Owner's name: _____

Address: _____

City, State, Zip Code: _____

Office Phone number: _____ Fax: _____

Contact Person: _____ Email: _____

Check appropriate box:

Sole Proprietor Corporation Partnership Other _____

9 digit Social security number: _____
or

9 digit Employer identification number : _____

Signature: _____ Date: _____

PRIVACY ACT NOTICE

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer.

(For internal use only)

Updated by: _____ Date: _____ Agency ID: _____

SeaDream Yacht Club, 601 Brickell Key Drive, Suite 1050, Miami, FL 33131
Tel: (800) 707-4911 or (305) 631-6100 Fax: (305) 631-6110
On the internet at: www.seadream.com E-mail: info@seadream.com