

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 Miami: (305) 631-6100 | Oslo: +47 410 40 122.

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:	
<u>Agent Name</u> :	
Are you home based?	
If yes, please provide home	e-office contact details:
lf yes, please provide home Agent Name (First / Last):	e-office contact details:
Agent Name (First / Last):	
Agent Name (First / Last): Address (No PO Box):	
Agent Name (First / Last): Address (No PO Box): City:	
Agent Name (First / Last): Address (No PO Box): City: State/Province:	
Agent Name (First / Last): Address (No PO Box): City: State/Province: Zip/Postal Code:	
Agent Name (First / Last): Address (No PO Box): City: State/Province: Zip/Postal Code: Phone (not toll free):	



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

Preferred username (4 to 10 characters):

Are you a member of a consortium?

□ YES □ NO

If yes, which one: _____



Request for Taxpayer Identification Number and Certification (US Only)

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 nu	umber:		
or			
9 digit Employer identif	ication number :		
Signature:		Date:	
PRIVACY ACT NOTICE			
Section 6109 of the Internal I information returns with the I the numbers for identification this information to the Depar Columbia to carry out their ta	RS to report interest, dividends, and c n purposes and to help verify the accu tment of Justice for civil and criminal ax laws. You must provide your TIN wh	e your correct TIN to persons who must file tertain other income paid to you. The IRS uses racy of your tax return. The IRS may also provide litigation, and to cities, states, and the District of tether or not you are required to file a tax return. and certain other payments to a payee who does	
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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