



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**
- **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**

To Submit invoices, email: 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.

Sincerely Yours,

Jessica Simpson
Accounts Payable Manager
IMC Resort Services, Inc.

2 Corpus Christi # 302
Hilton Head Island, SC 29928

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

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 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****

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