



SMI ACCT NO _____

VENDOR NO _____

VENDOR/CONTRACTOR REGISTRATION

VENDOR NO.

REFERENCE: _____
(NAME OF COMMUNITY ASSOCIATION)

The association referenced above is professionally managed by Sentry Management, Inc. as directed by the Association's Board of Directors. Before the Association can contract with and make payments to you or your firm, this form must be executed in full and returned along with the requested information and documents for our files.

Legal Name of Vendor/Contractor: _____
(Name as shown on your tax return)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: (____) _____ - _____ Fax No. (____) _____ - _____

E-Mail: _____

Please forward the following identification, licensing and insurance information:

1. Substitute W-9 (see next page) – Required by IRS.
2. Copy of applicable Occupational Licenses – State, County, City.
3. Certificate of Liability & Property Damage Insurance (If labor will be performed on Association property.)
4. Certificate of Workers' Compensation Insurance (If labor will be performed on Association property.)

◆ ◆ ◆ ◆ ◆ NOTE ◆ ◆ ◆ ◆ ◆

Certificate of Insurance must be signed by the insurance carrier's agent; it must come directly from the producer by mail to the address checked below, or faxed to 407-788-7488. Certificate holder named shall be:
Sentry Management, Inc. / 2180 West S.R. 434, Ste 5000 / Longwood, FL 32779-5044

Invoices will be paid within 30 days after receipt. Invoices must be addressed to the Association referenced above (NOT Sentry Management) at the address checked below. Invoices issued to Sentry Management, rather than the Association, will be returned for re-issue. Invoices addressed incorrectly will be returned for re-issue. Invoices may not be made out to Sentry Management, Inc.

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> ALBUQUERQUE
4121 Eubank Blvd NE
Albuquerque NM 87111 | <input type="checkbox"/> ALEXANDRIA
6395 Little River Turnpike
Alexandria VA 22312 | <input type="checkbox"/> ATLANTA
5901 Peachtree Dunwoody Rd NE
Suite B-525
Atlanta GA 30328 | <input type="checkbox"/> BREVARD COUNTY
597 Haverly Ct
Suite 110
Rockledge FL 32955 | <input type="checkbox"/> CHARLESTON
4925 Lacross Road
Suite 112
North Charleston SC 29406 |
| <input type="checkbox"/> CLERMONT
1645 E Hwy 50
Suite 201
Clermont FL 34711 | <input type="checkbox"/> ENGLEWOOD
514 N Indiana Ave
Englewood FL 34223 | <input type="checkbox"/> FORT MYERS
6330 Techster Blvd
Suite 1
Fort Myers FL 33966 | <input type="checkbox"/> INDIANAPOLIS
8425 Keystone Crossing
Suite 108
Indianapolis IN 46240 | <input type="checkbox"/> KISSIMMEE
601 E Oak St
Suite C
Kissimmee FL 34744 |
| <input type="checkbox"/> CLERMONT
1645 E Hwy 50
Suite 201
Clermont FL 34711 | <input type="checkbox"/> MARYLAND
2200 Defense Hwy
Suite 405
Crofton MD 21114 | <input type="checkbox"/> NASHVILLE
216 Centerview Dr
Suite 100
Brentwood TN 37027 | <input type="checkbox"/> PASCO COUNTY
7625 Little Road
Suite 200A
New Port Richey FL 34654 | <input type="checkbox"/> PHOENIX
1414 West Broadway Rd
Suite 205
Tempe AZ 85282 |
| <input type="checkbox"/> PONTE VEDRA BEACH
1106 US Hwy A1A N
Suite 201-A
Ponte Vedra Beach FL 32082 | <input type="checkbox"/> RALEIGH
3700 National Dr
Suite 203
Raleigh NC 27612 | <input type="checkbox"/> SARASOTA
6901 Professional Pkwy E
Suite 107
Sarasota FL 34240 | <input type="checkbox"/> SAVANNAH
114 Canal St
Suite 303
Pooler GA 31322 | <input type="checkbox"/> ST CHARLES
7421 Mexico Rd
Suite 100
St Peters MO 63376 |
| <input type="checkbox"/> ST LOUIS
9666 Olive Blvd
Suite 116
St Louis MO 63132 | <input type="checkbox"/> TAMPA BAY AREA
25400 US 19 North
Suite 164
Clearwater FL 33763 | <input type="checkbox"/> TAVARES
1928 Salk Ave
Tavares FL 32788 | <input type="checkbox"/> VOLUSIA COUNTY
4188 S Atlantic Ave
New Smyrna Beach FL
32169 | |

- Each invoice should be submitted in duplicate and contain the following information:**
1. Name of community manager authorizing work;
 2. Complete description of work completed; and
 3. If for a monthly service, the month for which the invoice is submitted.

VENDOR NAME:

SUBSTITUTE W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

Current IRS regulations require the Association to have on file tax identification data concerning you or your company (even if you have already given us the information on an invoice, over the phone or previously provided this information to us). We need this information to determine if the payments we make to you or your company are reported to the IRS annually on Form 1099-MISC. The following form is also used to obtain information for our vendor files including phone numbers and contact names.

If we do not receive the documentation, we will cease making payments on your account and you may be subject to a \$50 penalty imposed by the Internal Revenue Service. Please fill out the information below and return this form to the address checked on the front of the form as soon as possible.

Please Complete Only One Section Below That Describes Your Business:

<input type="checkbox"/> Corporation Corporation's Full Legal Name _____ <small>(Name as shown on income tax return)</small> Business Name, if different _____ <small>(Name as it appears on invoice)</small> Taxpayer Identification Number _____ - _____ <small>(Only provide TINs issued to you by the Internal Revenue Service)</small>	<input type="checkbox"/> Exempt Payee
<input type="checkbox"/> Partnership Partnership's Full Legal Name _____ <small>(Name as shown on income tax return)</small> Business Name, if different _____ <small>(Name as it appears on invoice)</small> Taxpayer Identification Number _____ - _____ <small>(Only provide TINs issued to you by the Internal Revenue Service)</small>	<input type="checkbox"/> Exempt Payee
<input type="checkbox"/> Sole Proprietor (or Individual) Sole Proprietor's Full Legal Name _____ <small>(Name as shown on income tax return)</small> Business Name, if different _____ <small>(Name as it appears on invoice)</small> Taxpayer Identification Number _____ - _____ <small>(Only provide TINs issued to you by the Internal Revenue Service)</small> OR Social Security Number _____ - _____ - _____ <small>(Only provide SSN issued to you by the Internal Revenue Service)</small>	<input type="checkbox"/> Exempt Payee
<input type="checkbox"/> LLC (Tax classification: <input type="checkbox"/> D <input type="checkbox"/> C <input type="checkbox"/> P) LLC's Full Legal Name _____ <small>(Name as shown on income tax return)</small> Business Name, if different _____ <small>(Name as it appears on invoice)</small> Taxpayer Identification Number _____ - _____ <small>(Only provide TINs issued to you by the Internal Revenue Service)</small>	<input type="checkbox"/> Exempt Payee

Certification

Under penalty 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. person (including a U.S. resident alien).

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, acquisitions 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.

Name: _____ Title _____
(Please Print)

Signature: _____ Date _____
 Of U.S. Person