

DEALERSHIP SIGN-UP PACKET

PLEASE FILL OUT THIS PACKET COMPLETELY & EMAIL TO: DEALERSERVICES@ENDURANCEDS.COM

Welcome to EDS – we're excited to have you on board!

At EDS, we're not just a provider; we're your committed partner in success. We're passionate about delivering industry-leading products and services that empower your growth and profitability.

We look forward to providing you and your customers with top-notch, value-driven GAP and ancillary protection plans, backed by the industry's finest claims processing and customer service.

FORMS & DOCUMENTS CHECKLIST:

- ☐ GAP & Ancillary Sales Agreement
- ☐ Dealership Information Profile
- ☐ PCRS System Set-Up
- ☐ Dealer Rate Adjustment Worksheet
- ☐ W9
- ☐ ACH Dealer Over Remit Authorization
- ☐ Sales Tax Certificate* (if required)

Be sure to include a complete set of forms/documents for each seller, rooftop and/or payee!

Thank you for partnering with us!





GAP & Ancillary Product

DEALER SALES AGREEMENT

This Dealer Sales Agreement ("Agreement") is made this _____ day of _____, 20____, by and between the Dealer, Producer, and Administrator identified below (each a "Party", and collectively referred to herein as the "Parties").

Dealer:	
Agent ("Producer"):	

Administrator ("Company"):	COMPREHENSIVE AUTO RESOURCES COMPANY, INC., P.O. Box 1268 Exton, PA 19341			
Products of Interest ("Program"):	GAP		Complete Auto Value Protection (CAVP)	Paintless Dent Repair
	Tire & Wheel		Lease Wear & Tear Protection* (LWAT)	Key/Remote Replacement
	Windshield Protection		12 Month Windshield Protection (Choose One):	Giveaway Retail

**For Franchise Dealers only*

Administrator ("Company"):	AUTOSHIELD (DBA OF MILCO, INC.), P.O. Box 1228 Exton, PA 19341		
Products of Interest ("Program"):	Total Loss Protection (TLP)		Theft Deterrent Protection (TDP)

Administrator ("Company"):	SISKIN ENTERPRISES, INC., P.O. Box 58, Salt Lake City, UT 84110		
Products of Interest ("Program"):	Appearance Protection		Appearance Protection Ceramic Graphene

RECITALS

Whereas, Dealer desires to sell Company's Ancillary Service Contracts, Warranty Products, or GAP Waiver Agreements ("Contract"), in conjunction with its New and/or Used Vehicle Sales; and

Whereas, Dealer recognizes that Company has expertise in administering such Contracts and desires to market Company's Contracts with retail vehicle sales; and

Whereas, the Producer is responsible for establishing and maintaining the Dealer's relationship with the Company;

Now Therefore, in consideration of the promises and the mutual covenants herein contained, the parties hereto agree as follows:

DEFINITIONS

- The term "Program" means the Ancillary Service Contract(s), Warranty Product(s), or GAP Waiver Agreement(s) sold by Endurance Dealer Services LLC and administered by the Company(s) listed above.
- The terms "Contract(s)" and "Application(s)" refer to an Ancillary Service Contract, Warranty Product, or GAP Waiver Agreement approved by Endurance Dealer Services LLC and Company(s), and properly sold or provided by Dealer, incidental to and as a natural extension of its business of selling, leasing, or servicing vehicles.
- The term "Contract Holder" refers to the purchaser or proper recipient of a Contract.

GENERAL PROVISIONS

- The Parties are acting solely as independent contractors in all matters relative to this Agreement.
- It is the duty of the Parties hereto to notify the others of any change of address.
- Should any part of this Dealer Agreement be found to be unlawful or void, it shall not affect the remaining parts of the Agreement.
- If any Party to this Agreement fails to perform its obligations under this Agreement, the non-performing Party shall be liable for all liabilities, losses, claims, damages, costs and expenses, including without limitation, reasonable attorney's fees, incurred in enforcing the provisions of this Agreement.
- This Agreement contains the complete understanding of the Parties and may not be amended or modified by the Parties unless such amendment or modification is in writing, and agreed to by all Parties.
- This Agreement attaches to and becomes a part of the Producer Agreement.

- The Agreement supersedes all previous oral or written Agreements.
- The Company reserves the right, before or after termination, to audit the books and records of Dealer pertaining to the Program, as long as any liability may exist.
- The Dealer will have no authority to bind Company in any way unless specifically set forth herein.
- The Dealer will not accept, service, or settle any claims on behalf of the Company without written consent.
- Should the Dealer consist of more than one location, the name and address of each individual location will be attached hereto by amendment, and the terms and conditions herein will apply to all locations.

RESPONSIBILITIES OF COMPANY

- Company hereby grants authority to Dealer to receive and accept Applications from Dealer's customers to purchase coverage under the Program.
- Company has acquired and agrees to maintain insurance coverage, or maintain an actuarially sound program of self-insurance, at Company's sole expense, which shall ensure that the Company fulfills its obligations to Dealer's customers.
- Company agrees to furnish the necessary Applications, forms, and other supplies necessary for the Dealer to implement the Program, all of which shall remain the property of the Company and shall be returned to Company in the event of the termination of this Agreement. No other Application, marketing material, or any similar material regarding the Program (including logos), shall be used by Dealer unless pre-approved in writing by Company.
- Company agrees to promptly and accurately process the business, including enrollments and cancellations, adjust, settle, and pay and/or deny benefit requests and/or claims in accordance with applicable law and the terms of the Program, and perform other Administrative activities as may be agreed between the Parties provided however, the Company may, at its sole discretion, sub-contract with another entity to perform and/or assume some or all of its rights, duties, and/or obligations arising under this Agreement.
- Company shall be under no obligation to investigate or arrange for the payment of any claim if the Dealer or Producer fail to remit the Application and required fees to the Company in accordance with the terms and conditions herein.

DEALER OBLIGATIONS

- Dealer agrees to follow the guidelines as issued by Company concerning the Program. Furthermore, Dealer agrees to comply with applicable law and all terms and conditions of the corresponding Program Application.
- Dealer agrees to use only the Applications provided by Company, and to register only those vehicles eligible for coverage under the Program.
- Dealer agrees to disclose to customers all material terms for each Program offered, including but not limited to: administration fees, deductibles, coverage periods, exclusions, eligibility, as well as other material terms.
- Dealer agrees to hold all funds collected for the Program, which are payable to Company, in a fiduciary capacity.
- Dealer agrees to remit the cost for each Application in accordance with the Company's requirements within sixty (60) days of Application issue date. Company reserves the right to refuse/return the Application to the Dealer, and notify the purchaser of the refusal/return of the Application. No coverage will be granted for non-timely or incomplete Application submission by Dealer.
- If an Application is remitted to Company more than sixty (60) days from Application issue date, Dealer may be required to provide a Late Submission Agreement, under which Dealer agrees to be responsible for any claims occurring prior to the remittal of the Application.
- Company reserves the right to charge a late remittal fee of fifty (\$50) dollars for each Application remitted more than sixty (60) days from the Application date.
- Dealer agrees that Company shall have the right to offset any amount Company may owe Dealer against any sums the Dealer may owe for any obligations of Dealer to Company.
- Dealer agrees to refund any amounts owed, as calculated by Company in accordance with applicable law and the Application terms and conditions, in a timely manner.
- Dealer agrees to indemnify and defend and hold Company, and their officers, directors, employees, and agents, harmless from any claim, liability, damage, loss, or expense, including attorney's fees resulting from any negligence, act, omission, willful conduct or misconduct, or failure to act by Dealer, or its employees or agents.
- In the event a retail customer cancels a cancellable Application, each party shall be responsible for a portion of the customer's entitled refund. Such portion shall be in the same ratio that the parties shared in the original amount paid by the customer for the Application in question. Such refund obligation by each party shall be made timely and such obligation shall remain in existences following the termination of this agreement.
- All employees and agents of Dealer will provide proper application of the Appearance and/or Windshield Protection Products ("Products") as outlined in the applicable instructions and will store and otherwise handle the components and raw materials for such Products in strict accordance with such instructions and accompanying Safety Data Sheets.
- Dealer shall not cause or allow any alterations, change or dilution of any Products to occur.
- Dealer will not misrepresent or modify the Applications and shall be fully informed as to the attributes, qualities, limitations, uses and proper application of each Product(s).

DEALER DISPUTE

The Parties agree that, prior to taking any formal legal action, all disputes and controversies of every kind and nature arising out of this Agreement shall be submitted to arbitration administered by the American Arbitration Association (AAA), in accordance with its rules for such cases then in effect, and any judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction thereof. The prevailing Party shall be entitled to an award of reasonable attorneys' fees as well as costs and fees of arbitration. Any Party may request that the award of the arbitrator be accompanied by a reasoned opinion.

TERMINATION

Any Party may terminate this Agreement, for any or no reason at all, by providing the other Parties thirty (30) days prior written notice; provided however the Company may terminate this Agreement immediately, and without prior notice, if the Dealer fails to comply with any Licensing laws, or other law or regulation; becomes insolvent, bankrupt, or suffers some other financial impairment that may impact Dealer's performance under this Agreement; improperly handles Company's funds; commits any act of fraud or malfeasance; commits any breach of this Agreement or any other Agreement with Company; or commits any act injurious to Company or its contract holders. Additionally, the Company reserves the right to terminate this Agreement, with due notice, for inadequate performance, including but not limited to: low production, excessive losses, and/or improper reporting. The Dealer will be responsible for and agrees to remit to Company all policies produced by Dealer under the Program prior to the effective date of termination. The termination of this Agreement will not affect any Application received by the Company prior to the effective date of termination. After termination, Dealer agrees to return all unused Applications, forms, brochures, and any other supplies or equipment made available to Dealer by Company. It is expressly agreed that termination of this Agreement does not release Dealer from continuing liability for refunds and/or cancellations.

In witness whereof, this Agreement has been executed by the duly authorized representatives of the parties on the date first set forth above.

DEALERSHIP

EDS

Dealer Principal Signature: _____

Management Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

Federal Tax ID#: _____ State License#: _____

AGENT

Agent Signature: _____

Printed Name: _____

Date: _____



Information Profile

DEALERSHIP/ DEALER GROUP*

*For multi-rooftop groups, please fill out a separate Dealer Information Profile for each location

DEALER NUMBER:

(Assigned by EDS)

AGENCY NAME:

REPRESENTATIVE NAME:

PHONE NUMBER:

MARKETING COLLATERAL STARTER PACKAGE:

☐ Ship to Dealer* ☐ Agent will supply to Dealer

*Please allow 3-5 business days

DEALERSHIP INFORMATION

☐ STATE LICENSE NUMBER: _____

DEALERSHIP TYPE: ☐ FRANCHISE ☐ MULTI-ROOFTOP GROUP* ☐ INDEPENDENT

YEARS IN BUSINESS:

DEALERSHIP NAME:

DBA:

DEALER PRINCIPAL:

AUTHORIZED SIGNER (1):

AUTHORIZED SIGNER (2):

PHONE:

FAX:

EMAIL:

ADDRESS:

DEALER WEBSITE URL:

CITY

STATE:

ZIP:

FEDERAL
TAX ID #:

-

ENTITY TYPE: ☐ INDIVIDUAL/SOLE PROPRIETOR ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ TRUST/ESTATE

BILLING CONTACT NAME:

BILLING PHONE:

INVOICE EMAIL:

SALES INFORMATION

AVERAGE NUMBER OF UNITS SOLD PER MONTH: NEW _____ USED _____

AVERAGE AMOUNT SPENT RECONDITIONING PER UNIT: _____

SYSTEM/MENU INTEGRATIONS

DEALER MANAGEMENT SYSTEM (DMS): ☐ CDK ☐ DEALERTRACK ☐ REYNOLDS & REYNOLDS ☐ OTHER:

E-RATING / MENU PROVIDER: ☐ NO ☐ YES – COMPANY NAME:

REPAIR FACILITY INFORMATION (Mandatory if applicable)

REPAIR FACILITY NAME:

LABOR RATE:

LABOR TAX:
%

PART TAX:
%

PHONE:

FAX:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

SERVICE MANAGER NAME:

SERVICE MANAGER PHONE:

SERVICE MANAGER EMAIL:

AGENCY INFORMATION

AGENCY NAME:

REPRESENTATIVE NAME:

PHONE:

FAX:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

AGENT NUMBER:
(Assigned by EDS)



PCRS System

DEALER SET-UP

NOTE: Select only the products you wish to sell. Not all ancillary products are available in all states, please contact your EDS Representative for more details.

DEALERSHIP INFORMATION:

DEALERSHIP NAME:

CONTACT NAME:

PHONE:

EMAIL:

AVAILABLE PRODUCTS/PROGRAMS

GAP PRODUCTS:

- ☐ Franchise: ☐ 125% OR ☐ 150%
- ☐ Independent: ☐ 125% OR ☐ 150%
- ☐ BHPH (125%)

☐ Salvage Vehicles (125%)

☒ Ford Flex Buy* (Unlimited LTV) New vehicles only

☒ Ford Commercial* (Unlimited LTV)

☐ Commercial Trucks:

- Medium Duty ☐ 125% OR ☐ 150%
- Heavy Duty ☐ 115%

**For Franchise Dealers only*

ANCILLARY PROTECTION PRODUCTS:

- ☐ Complete Auto Value
- ☐ Total Loss: ☐ \$2,500 OR ☐ \$5,000
- ☐ Lease Wear & Tear*
- ☐ Theft Deterrent: ☐ \$2,500 OR ☐ \$5,000
- ☐ Paintless Dent Repair
- ☐ Tire & Wheel
- ☐ 36/60 Month Windshield
- ☐ 12 Month Windshield: ☐ Giveaway OR ☐ Retail
- ☐ Key/Remote
- ☐ Appearance

**For Franchise Dealers only*

USERS REQUIRING LOGIN CREDENTIALS

EDS will send each user log-in instructions and how-to information with PCRS user name/ password. Users signing in for the first time will be required to change their password.

TITLE	FIRST NAME	LAST NAME	PHONE	EMAIL (required for access/updates):
Principal				
General Manager				
Sales Manager				
F&I Manager				
F&I Manager				
F&I Manager				
Accounts Payable				
OTHER:				
OTHER:				

ADDITIONAL INSTRUCTIONS/NOTES:



Dealer GAP & Ancillary Product

RATE ADJUSTMENT WORKSHEET

NOTE: It is the responsibility of the Dealer to verify all cost adjustments

FULLY EXECUTED W9 REQUIRED FOR EACH PAYEE

DEFINITIONS

Retail Markup: Dollar amount preset in system as F&I Markup. (Even if preset, Retail Markup can still be adjusted manually by Dealer).

Dealer Pack: Dollar amount added to Dealer Cost that will automatically be netted from the Process Register.

Dealer Over Remit: Dealer amount included in Dealer Remit and paid to Payee after Contract is funded (paid in full). W9 required.

DEALERSHIP INFORMATION

DEALERSHIP NAME:		DEALER NUMBER: <i>(Assigned by EDS)</i>	
ADDRESS:		CITY:	STATE: ZIP:

GAP PRODUCTS – RATE ADJUSTMENT BREAKDOWN (ALL TYPES):

TYPE	Y/N	\$ AMOUNT
Retail Markup	<input type="radio"/> No <input type="radio"/> Yes	
Dealer Pack	<input type="radio"/> No <input type="radio"/> Yes	

***RETAIL MARKUP FOR GAP MAY BE STATE REGULATED.** It is the responsibility of the Dealer to follow in-State guidelines.

****ADDITIONAL DEALER OVER REMIT INFORMATION: W9(S) REQUIRED FOR ALL DEALER OVER REMITS.** Over Remit checks are sent monthly to Payee, based on previous months' fully funded contracts. All Over Remits are subject to Chargebacks.

Dealer Over Remit**	<input type="radio"/> No <input type="radio"/> Yes - Payee(s):	\$ AMOUNT	W9
1	PAYEE NAME:		
2	PAYEE NAME:		

ANCILLARY PRODUCTS – RATE ADJUSTMENT BREAKDOWN:

PRODUCT	RETAIL MARKUP	\$ AMOUNT	DEALER PACK	\$ AMOUNT	DEALER OVER REMIT**	TOTAL \$ AMOUNT	OVER REMIT BREAKDOWN	
							PAYEE 1	PAYEE 2
Complete Auto Value	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Total Loss	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Lease Wear & Tear	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Theft Deterrent	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Paintless Dent Repair	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Tire & Wheel	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Windshield	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Key/Remote	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			
Appearance	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes			

DEALER SIGNATURE REQUIRED:

Signature: _____

Printed Name: _____

Date: _____

ANCILLARY PRODUCTS – OVER REMIT PAYEES

	W9
1	PAYEE NAME:
2	PAYEE NAME:





Direct Deposit Authorization Agreement

ACH DEALER OVER REMIT

Company Name: _____

Commission Report Email: _____

EDS Agent/Management #: _____

I (we) hereby authorize Endurance Dealer Services LLC with offices located at 400 Skokie Blvd., Suite 470, Northbrook, IL 60062, hereinafter called "Company", to initiate credit entries (and appropriate debit and adjustment entries), to my (our) Account indicated below at the depository financial institution named below, hereinafter called "Depository". In the event that Company erroneously deposits funds into my account, I authorize Company to correct this error by debiting my account noted below for the amount not to exceed the amount of the erroneous credit. In the event that I owe Company for negative commissions, Company will debit my account accordingly. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY INFORMATION

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
DEPOSITORY NAME		
BRANCH	CITY	STATE
ROUTING NUMBER (ABA)*	ACCOUNT NUMBER	

***Please verify Routing number with your financial institution. Physical check and ACH Routing numbers may be different.**

This authorization is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s): _____ Phone: _____

Date: _____ Signature: _____

YOUR DIRECT DEPOSIT ACH DEALER OVER REMIT CANNOT BE SETUP UNTIL ALL MANDATORY INFORMATION BELOW IS SUBMITTED BY EMAIL TO: DEALERSERVICES@ENDURANCEDS.COM

☐ Completed Direct Deposit ACH Form
 ☐ Copy of Voided Check
 ☐ Completed W9

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

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.

Sign Here	Signature of U.S. person	Date
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they