

Direct Bill Application

BUSINESS CONTACT INFORMATION

PAGE 1 OF 2

Date of Function		Amount of Credit Requested \$	
Company name		Sales Manager:	
Name of Owner(s) or Executive Officer		Contact Name or Person to Approve Payment	
Phone		Phone	
E-mail		E-mail	
Corporate Address City, State ZIP Code		Billing Address City, State ZIP Code	
Year Established		Type of Company:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
FED ID Number			
Application Type	<input type="checkbox"/> New <input type="checkbox"/> Updated		
Type of Function:	<input type="checkbox"/> Event <input type="checkbox"/> Rooms <input type="checkbox"/> Other		
Name of person Authorized to Charge & Title			Indicate Charges to be Billed: <input type="checkbox"/> All Charges <input type="checkbox"/> Room & Tax <input type="checkbox"/> Meeting Room <input type="checkbox"/> Food <input type="checkbox"/> Banquet <input type="checkbox"/> Other _____
Name of person Authorized to Charge & Title			
Name of person Authorized to Charge & Title			
Name of person Authorized to Charge & Title			

BANKING AND CREDIT INFORMATION

Bank name:		Account Number	
Street Address		Number of UCC Filings-	
City, State, ZIP Code		Secured Party	
Phone		Secured Party	

HOTEL TRADE REFERENCES

Hotel name	Phone		
Address	E-mail		
City / State / ZIP Code			
Event or Relationship	Date of Function		
Hotel name	Phone		
Address	E-mail		
City / State / ZIP Code			
Event or Relationship	Date of Function		
Hotel name	Phone		
Address	E-mail		
City / State / ZIP Code			
Event or Relationship	Date of Function		

1. All invoices are due upon receipt.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you hereby authorize _____ to make inquiries into the banking and business/trade references that you have supplied, you hereby authorize and direct that an investigation be made of references and agree to hold _____ harmless from any action arising out of the legitimate and proper conduct of those investigations concerning Business/Trade references and Business and Credit Information.
4. Failure to satisfactorily comply with the terms of payment may result in suspension of Direct Billing privileges until account is made current.
5. The person signing individually at the place below guarantees payment of this account. All signatories consent to jurisdiction in the location of hotel's request in the event a lawsuit is filed concerning this agreement and application of credit. In the event the company defaults, company and guarantor agree to pay hotel's reasonable attorney's fees on this account.
6. By signing this application, the hotel does not authorize acceptance of Direct Billing. We will notify you upon acceptance.

SIGNATURES

Signature	[[SertifiSignature_1]]
Name and Title	[[SertifiTitle_1]]
Date	[[SertifiDate_1]]

APPROVAL (HOTEL USE ONLY)

Signature	[[SertifiSignature_2]]
Name and Title	[[SertifiTitle_2]]
Date	[[SertifiDate_2]]
Credit Limit \$	
Account #	