

Credit Application for Direct Billing

Hotel Name: _____

Hereinafter "Hotel"

Address: _____

Applicant Information:

Business or entity's legal name:		
Mailing Address:		
City:	State:	ZIP:
Contact Name :	Phone:	
Business main phone # :	Fax:	
Web	e-mail:	

Please provide business and bank references:

Hotel Name:	City:	Phone:
Hotel Name:	City:	Phone:
Alt. Business Name:	City:	Phone:
Bank:	City:	Phone:

I authorize the Hotel to contact references mentioned above and any other entity that Hotel decides, in order to obtain our business/entity's credit history.

I also authorize the Hotel to charge any unpaid and past due bills to the following credit card. I and the entity individually are responsible for all charges and are obligated to pay for all charges, damages and collections fees. Terms: Net 30 Days, late & interest fees may apply.

Card #: _____ Exp Date: _____

Billing Address: _____

Name(s) on the card: _____

Authorized Name: _____ Official Title: _____

Authorized Signature: _____ Date: _____

Office Use ONLY		