

DIRECT BILL CREDIT APPLICATION

COMPANY NAME:	DATE OF EVENT/YEA	AR: FA	X NO:
ADDRESS:	CITY:	STATE:	ZIP:
BILLING ADDRESS:	CITY:	STATE:	ZIP:
TYPE OF BUSINESS:	_ YEARS IN BUSINESS:		
ACCOUNTS PAYABLE CONTACT NAME/PHONE NO):		
PERSON(S) AUTHORIZED TO REQUEST BILLING:			
	CREDIT REFERENCES		
BANK NAME:	ACCOUNT NO:		
CONTACT PERSON:	PHONE NO:		
CREDIT CARD NAME/ACCOUNT NO/EXP. DATE: _			
	TRADE REFERENCES		
PLEASE LIST 3 HOTELS YOU HAVE DEALT WITH V PLEASE LIST 3 TRADE REFERENCES AND ACCOUNT		YOU HAVE NOT DE	ALT WITH HOTELS,
HOTEL & VENDOR	DATE OF FUNCTION OR AC	COUNT NO	PHONE NO.
	METHOD OF BILLING		
BILL ALL CHARGES		NED FUNCTIONS ON	ILY
BILL ALL CHARGES BILL ALL CHARGES EXCEPT INCIDENTALS	OTHER (EX	PLAIN ON BACK)	
ESTIMATED CHARGES: \$	MAXIMUM CREDIT I	INE REQUESTED: \$	
<u>TE</u>	ERMS AND CONDITIONS		
1. I (We) shall pay the amount due, as evidenced by supportin date are subject to a monthly 1.5% service fee. Should it be unpaid balances, I (We) agree to be solely responsible for an	come necessary to retain the services of	a collection agency and/o	r file litigation to collect any
2. In the event credit is not extended, the term of the 100% pr	<u> </u>		
To the best of my knowledge, the information on thi above information. By signing below, I authorize the			
NAME/TITLE	DATE		