



Credit Information

Company Name _____ Dept. _____

Street Address _____

City, State, Zip _____

Type of Business _____

Applicant's Name & Title _____

Billing Street Address _____

City, State, Zip _____

E-Mail _____ Telephone _____

Is this request for the direct bill confirmed by the person responsible for payment? _____

If so, please fill in the information below:

Name & Title _____

Parent Company _____

Street Address _____

City, State, Zip _____

Please check the charges that the company will be responsible for:

Room & Tax charges only _____ Room, Tax & Incidentals Charges _____

CREDIT REFERENCES: Name, Address & Phone Number

(1) _____

(2) _____

(3) _____

I understand and am willing to comply with your billing terms as noted below:

- (1) Company will be billed every seven (7) days.
- (2) Three (3) credit references are required.
- (3) Payment is required within ten (10) days of billing date.
- (4) Company agrees to pay for all NO-SHOW reservations that are not cancelled by 24 hours prior to date of arrival. Cancellation number must be provided for verification.

Signature of Authorizing Officer

Property Name, City, State