

Company Direct Bill Application Form

Company Name: _____

Company Contact _____ Phone: _____ email: _____

Accounts Payable Contact: _____ Phone: _____ email: _____

Address: _____ Billing Address: _____

COMMERCIAL CREDIT TRADE REFERENCES: (ONE HOTEL REFERENCE REQUIRED)

NAME	COMPLETE ADDRESS	TELEPHONE	DATE

BANK INFORMATION:

BANK NAME: _____

BRANCH ADDRESS: _____

ACCOUNT NUMBER(S): _____

CREDIT AGREEMENT TERMS AND CONDITIONS

Payment Terms – All invoices are payable upon receipt. Past Due Accounts over 30 days are subject to suspension of billing privileges and 1.5% interest charges every 30 days past due until account has been settled. Signature below constitutes full acceptance of an agreement to pay according to stated items.

Credit Card Back-up: Account No. _____ Exp: _____ CCV # _____

Name as appears Credit Card: _____ Authorized Signature: _____

Credit card will be charged if bill is past due 60 days.

THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND IS VOLUNTARILY PROVIDED TO ASSIST HIMANSHU INC. IN ESTABLISHING A COMMERCIAL CREDIT ACCOUNT FOR THE WITHIN NAMED COMPANY. HIMANSHU, INC., OR THEIR AGENT, IS AUTHORIZED TO OBTAIN AND VERIFY CREDIT AND FINANCIAL INFORMATION FROM ANY AND ALL REFERENCES. IT IS EXPRESSLY UNDERSTOOD THAT IF CREDIT IS APPROVED, ALL CHARGES WILL BE PAID ON ALL PAST DUE AMOUNTS, THAT IN THE EVENT OF DEFAULT COLLECTION COSTS AND ATTORNEYS' FEES WILL BE REIMBURSED TO HIMANSHU, INC., AND THAT THE COMPANY CONTACT HEREON WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL HIMANSHU, INC. RECEIVES NOTICE IN WRITING OF SALE OR TERMINATION OF COMPANY OR BUSINESS.

DATE: _____ SIGNED: _____ TITLE: _____



BY CHOICE HOTELS

1905 John Fries Hwy, Quakertown, PA 18951
 Phone 215.538.3000 | Fax 215.538.2311 | Info@QualityInnQuakertown.com



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