

# Econo Lodge - Meadowlands

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## 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
1				
2				
3				

### **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 \_\_\_\_\_ IN ESTABLISHING A COMMERCIAL CREDIT ACCOUNT FOR THE WITHIN NAMED COMPANY. \_\_\_\_\_, 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 \_\_\_\_\_, AND THAT THE COMPANY CONTACT HEREON WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL \_\_\_\_\_ RECEIVES NOTICE IN WRITING OF SALE OR TERMINATION OF COMPANY OR BUSINESS.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_