



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 _____ Tele _____

Was request for direct bill confirmed by person responsible for payment? _____

If yes, please fill in information below:

Name & Title _____

Parent Company _____

Street Address _____

City, State, Zip _____

Charges Company will be responsible for (Please check)

Room & Tax Charges Only _____ Room, Tax & Incidentals _____

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 from date of arrival. Cancellation number must be produced for verification.

Signature of Authorizing Officer

Property Name, City, State