



Comfort Suites LA205  
7950 East Texas St.  
Bossier City, LA 71111  
Ph: 318.742.3444  
Fax: 318.746.8111  
Gm.la205@choicehotels.com

## **CREDIT APPLICATION FOR DIRECT BILL ACCOUNT**

COMPANY NAME: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_

TAX I.D. NUMBER: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE(S) OF FUNCTION: \_\_\_\_\_

D&B NUMBER (IF MEMBER): \_\_\_\_\_

### **PRIVILEGES REQUESTED** *(please fill out amount being requested below)*

Total Credit Amount Being Requested			Credit Approval Needed By
Arrival/Departure Date			
Room & Tax Amount			
Meeting and Catering Charges Amount			

# REFERENCES

BANK REFERENCE (name of bank): \_\_\_\_\_

ADDRESS OF BANK: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK CONTACT TELEPHONE # \_\_\_\_\_

BANK FAX # \_\_\_\_\_

BANK OFFICER TO CONTACT: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

## HOTEL REFERENCES

1) HOTEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MEETING DATES: \_\_\_\_\_

FAX #: \_\_\_\_\_

2) HOTEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MEETING DATES: \_\_\_\_\_

FAX # \_\_\_\_\_

3) HOTEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ MEETING DATES: \_\_\_\_\_

FAX #: \_\_\_\_\_

**AUTHORIZED INDIVIDUALS:** Please list the individuals who are authorized to sign for the requested privileges. (All employees listed will be eligible for all requested privileges unless you indicated otherwise).

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AMOUNT BEING REQUESTED: \_\_\_\_\_

**\*\*\*ALL BALANCES ARE IMMEDIATELY DUE AND PAYABLE UPON RECEIPT OF STATEMENT. Comfort Suites RESERVES THE RIGHT TO IMPOSE A 2% PER MONTH FINANCE CHARGE ON ANY BALANCE OVER 30 DAYS. CREDIT / DIRECT BILLING PRIVILEGES MAY BE REVOKED BY THE HOTEL, WITHOUT PRIOR WRITTEN NOTICE, ON ANY DELINQUENT ACCOUNTS.**

SIGNATURE BELOW SIGNIFIES AGREEMENT TO THE TERMS AND CONDITIONS OUTLINED IN THIS APPLICATION, AND ALSO GIVES PERMISSION TO BANK AND CREDIT REFERENCES TO RELEASE ACCOUNT INFORMATION.

SIGNATURE OF AUTHORIZED EXECUTIVE: \_\_\_\_\_

NAME AND TITLE OF ABOVE SIGNER: \_\_\_\_\_

DATE: \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

.....  
**HOTEL USE ONLY**

SUBMITTED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**REQUIREMENTS**

\_\_\_\_\_ DEPOSIT OF \$ \_\_\_\_\_

\_\_\_\_\_ LETTER OF CREDIT \$ \_\_\_\_\_

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***PLEASE SEND COMPLETED APPLICATION TO PROPERTY***

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