



Direct Bill Application

Hotel Name:

Address:

Phone/Fax:

Email:

This form is required in order to extend credit to your company/organization. It must be filled out completely and legibly for processing.

Business Information:

Date of Function/Date of Arrival:
Requested Direct Bill Credit Limit (\$):

Legal Business Name:	
Address:	
City, State, Zip:	
Phone Number:	
Type of Business:	Years in Business:
Contact Person:	
Contact Person Phone Number:	Contact Person Email Address:

Bank Reference:

Bank Name:
Account Number:
Address:
City, State, Zip:
Phone Number:
Contact Person:
Branch:

Hotel or Business References: (3 required)

Hotel Name:	Phone / Fax:
Address:	Contact:
Date of Function:	Notes:

Hotel Name:	Phone / Fax:
Address:	Contact:
Date of Function:	Notes:

Hotel Name:	Phone / Fax:
Address:	Contact:
Date of Function:	Notes:

Authorized Users for your Account:

Name:	Title:
Name:	Title:
Name:	Title:

Type of Charges Authorized for your Account:

Room and Tax Room Service Parking

Per Sales Contract Banquets Other: _____

Is the guest/company/organization tax exempt? *(If yes, please attach copy of tax exempt certificate.)*

Yes No

Terms and Conditions

The Hotel and the Applicant (company/organization) agrees and understands that this application is to obtain credit with the Hotel, and if the Hotel extends credit to said company/organization that these terms are binding herein.

The enclosed information is for the purpose of obtaining credit and is warranted to be true and correct. As an authorized agent of said company/organization, I authorize the Hotel to process all references listed pertaining to our credit worthiness and financial responsibilities.

The undersigned (company/organization) authorizes all charges and agrees to process all received invoices in a timely manner, the invoice become past due thirty (30) days from the date of invoice. Furthermore, the undersigned agrees to pay any fees associated with returned checks.

Any amount past due over thirty (30) days may cause the inability to continue charging to the account until balance is made current.

Should there be any dispute in a charge that the undersigned (company/organization) feels is in error or in need of documentation, payment will be made as followed:

- The hotel must be notified via written notice of any disputed charges within ten (10) business day of the receipt of the invoice. The hotel will research and respond with the documentation and explanation of the charges due.
- Payment for the undisputed charges will be made within the thirty (30) day term, unless the Hotel agreed on correction to the account prior to that date.

In case of past due invoices, the Hotel reserves the right to withdraw, suspend, or place on probationary notice the direct bill account.

This agreement may not be changed or modified without written authorization from the undersigned (company/organization) and hotel's finance leader.

I understand and agree to the terms stated above and further agree that my company/organization will be responsible for the payment of billing within the terms stated above. I also understand that any failure to comply with these terms may result in suspension or termination of credit privileges and possible legal action.

By signing this agreement, I attest to the fact that I have been provided the authority to apply for and manage credit arrangements on behalf of my company /organization and commit my company/ organization to the above stated billing terms.

Authorized Signature:

Date:

Printed Name / Title:

Company Name:

Please note: each guest shall be required to establish credit with the hotel by means of presenting a major accepted credit card at the time of arrival, acknowledging that their liability is not waived for services that are not covered by the direct bill account.

Hotel Use Only

To be completed by Hotel Sales Manager:

Estimated Total Charges Based on Contract / Booking Agreement: \$

Notes: