



**UNIVERSITY GUEST HOUSE & CONFERENCE CENTER
DIRECT BILL CREDIT APPLICATION**

COMPANY NAME: _____ TEL : _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

ACCOUNTS PAYABLE CONTACT NAME & TEL: _____

PERSON(S) AUTHORIZED TO REQUEST BILLING: _____

CREDIT REFERENCES

BANK NAME: _____ ACCOUNT NO: _____

CONTACT PERSON: _____ TEL: _____

CREDIT CARD NAME/ACCOUNT NO/EXP DATE: _____

TRADE REFERENCES

PLEASE LIST THREE (3) HOTELS YOU HAVE DEALT WITH WITHIN THE PAST TWO (2) YEARS. IF YOU HAVE NOT DEALT WITH HOTELS, PLEASE LIST THREE (3) TRADE REFERENCES AND ACCOUNT NUMBERS.

HOTEL/VENDOR	DATE OF FUNCTION OR ACCOUNT NO.	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

METHOD OF BILLING

BILL ALL CHARGES: _____ BILL PLANNED FUNCTIONS ONLY: _____

BILL ALL CHARGES EXCEPT INCIDENTALS: _____ OTHER (EXPLAIN ON BACK): _____

ESTIMATED CHARGES: \$ _____ MAXIMUM CREDIT LINE REQUESTED: \$ _____

TERMS & CONDITIONS

1. I shall pay the amount due as evidenced by supporting documents, upon receipt of invoice. All balances not paid within thirty (30) days are subject to a 1.5% services fee.
2. In the event credit is not extended, the term of 100% prepayment prior to arrival is required.

ACCEPTANCE

To the best of my knowledge, the information on this form is true and accurate. I authorize our investigation of any of the above information.

NAME/TITLE

DATE