

APPLICATION for CREDIT
with
Crowne Plaza Columbus North
6500 Doubletree Avenue, Columbus, OH 43229
614-885-1885

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

TERMS AND CONDITIONS

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The enclosed information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the Hotel to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned further warrants his/her authority to enter into this application on behalf of his/her company/organization.
2. The undersigned Purchaser agrees that invoices provided at time of departure represents the billing document. Payment terms are thirty (30) days from the date the invoice is provided. The Purchaser is responsible to mail or deliver payment for invoices.
3. The Purchaser agrees to pay a service charge of \$50 for all checks returned by Purchaser's bank.
4. Purchaser agrees, in the event that the account becomes delinquent and is turned over for collection, to pay the sum of twenty-five percent (25%) of the outstanding balance due on the Purchaser's account for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default.
5. Purchaser agrees to notify the Hotel by certified mail of any change in ownership of the Purchaser and further agrees to be liable for all purchases should the undersigned fail to comply with such notification.
6. Purchaser agrees to provide financial statements and supporting information upon request. The Hotel agrees to keep this information confidential and only use for credit evaluation purposes.
7. Credit terms may be withdrawn or changed at any time without notice.

Officer/Owner/Partner: _____

I am legally authorized to bind and obligate this organization to satisfy liabilities

Print Name: _____

Title: _____

Date: _____

INDIVIDUAL PERSONAL GUARANTY

**Completion is mandatory for organization or personal events and for businesses established two years or less
SIGNATURE MUST BE WITNESSED**

For and in consideration of the Hotel extending credit to the party listed on this application I hereby personally absolutely and unconditionally guarantee to the Hotel payment in full of any obligation of this party, and I hereby bind myself to pay the Hotel on demand any sum which becomes due to the Hotel by this party whenever the party shall fail to pay the same. It is understood that this guaranty shall be a continuing guaranty and indemnity for such indebtedness of the company unless the Hotel receives a certified notification of termination, which is to become effective no later than seven (7) days after receipt of such notice (the "Termination Date"). Such termination shall not affect the guaranty for balances owed prior to the Termination Date. I do hereby waive demand, protest, presentment notice of default or non-payment upon such account being turned over for collection, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. I agree to pay the sum of twenty-five percent (25%) of the outstanding balance due on the account for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default in collecting the indebtedness as a result of enforcing this Guaranty.

Print Name: _____

Address: _____

Guarantor Signature: _____

City: _____

SSN: _____

State: _____ Zip Code: _____

Witness Name: _____

Witness Signature: _____

SSN: _____

Home Phone: _____

AUTHORIZATION PAGE

APPLICATION for CREDIT
with
Crowne Plaza Columbus North
6500 Doubletree Avenue, Columbus, OH 43229
614-885-1885

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

GENERAL INFORMATION

Legal Name: _____ Trade Name: _____
Date Established: _____ Corporation/Partnership/Proprietorship **(circle one)**

BILLING ADDRESS

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact: _____

FINANCIAL INFORMATION

Financial Statements attached: **(circle one)** Audited/Reviewed/Compiled/Self-prepared/None
Date of most recent statements: _____

BANKING INFORMATION

Bank Name: _____ Address: _____
Checking Account #: _____ City: _____ State: _____
Loan Account #: _____ Zip Code: _____
Contact Name: _____ Phone #: _____
Credit Card Type & Number: _____ Expiration Date: _____

HOTEL REFERENCES

OTHER REFERENCES

1 Hotel Name:	4 Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
2 Hotel Name:	5 Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
3 Hotel Name:	6 Hotel Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Event Dates:

Thank you for completing this Direct Billing Request Form. In Order for us to properly service your request, please return this form to the attention of _____ no later than _____.

APPLICATION for CREDIT
 with
 Crowne Plaza Columbus North
 6500 Doubletree Avenue, Columbus, OH 43229
 614-885-1885

EVENT CONDITIONS

Salesperson: _____ Date Submitted: _____
 Type of Function: _____ Estimated Covers/Room-nights: _____
 Date of Function: _____ Amount of Requested Credit: _____

VERIFICATION AND APPROVAL

This information was investigated by: _____ Date: _____
 This application was provided to GM by: _____ Date: _____

Applicant credit rating (circle one): _____ Prime/Good/Cash Only
 Reason Extension of Credit accepted/rejected: _____

Amount of Credit Approved: _____ Date: _____

GM authorized signature: _____ Date: _____
 Provided to Salesperson: _____ Date: _____

FINANCIAL ANYALYSIS

Age of Organization: _____

Is Audit Opinion "Unqualified", (Yes No) otherwise state nature of discrepancy?

VERIFICATION OF BANK INFORMATION

Checking account balances: _____
 Loan balance: _____
 Current on Loan payments: _____
 Credit Card balance: _____
 Current on Credit Card payments: _____

VERIFICATION OF REFERENCES

1 Credit extended:	4 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
2 Credit extended:	5 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
3 Credit extended:	6 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:

VERIFICATION and APPROVAL PAGE