



DATE \_\_\_\_\_ SALES MANAGER \_\_\_\_\_

NAME OF COMPANY \_\_\_\_\_

ADDRESS OF COMPANY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE#: Area Code \_\_\_\_\_ Number \_\_\_\_\_

BILLING ADDRESS: (If different than above) \_\_\_\_\_

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

TELEPHONE #: Area Code \_\_\_\_\_ Number \_\_\_\_\_

NAME OF OFFICIAL/TITLE CONTACT FOR PAYMENT OF ACCOUNT: \_\_\_\_\_

DATE OF FUNCTION/ARRIVAL \_\_\_\_\_ PURCHASE ORDER NUMBER REQUIRED \_\_\_\_\_ Y \_\_\_\_\_ N

APPROXIMATE AMOUNT \$ (DOLLARS) VOLUME: \_\_\_\_\_ DUNN & BRADSTREET # \_\_\_\_\_

CREDIT CARD# \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CARDHOLDER NAME \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE #: Area Code \_\_\_\_\_ Number \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ AVERAGE BALANCE \_\_\_\_\_

HOTEL REFERENCES:

NAME: \_\_\_\_\_ DATE OF FUNCTION: \_\_\_\_\_

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

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

TELEPHONE #: Area Code: \_\_\_\_\_ Number \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF FUNCTION: \_\_\_\_\_

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

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

TELEPHONE #: Area Code \_\_\_\_\_ Number \_\_\_\_\_



Continued.....

NAME: \_\_\_\_\_ DATE OF FUNCTION: \_\_\_\_\_

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

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

TELEPH

PLEASE INDICATE TYPE OF CHARGES TO BE BILLED:

ALL HOTEL CHARGES \_\_\_\_\_ ROOM AND TAX ONLY \_\_\_\_\_

BANQUET FUNCTIONS ONLY \_\_\_\_\_ OTHER (PLEASE SPECIFY) \_\_\_\_\_

EXEMPT FROM STATE SALES/OCCUPANCY TAX \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, you must attach a copy of your state sales/occupancy tax exemption certificate.

PERSON AND TITLE AUTHORIZED TO SIGN CHARGES FOR BILLING TO COMPANY:

- |                        |                        |
|------------------------|------------------------|
| 1. _____<br>Name Title | 2. _____<br>Name Title |
| 3. _____<br>Name Title | 4. _____<br>Name Title |
| 5. _____<br>Name Title | 6. _____<br>Name Title |

IT IS AGREED BETWEEN THE HOTEL AND COMPANY REQUESTING CREDIT, AND AFFIXING HIS/HER SIGNATURE BELOW, THAT ALL CHARGES WILL BE PAID UPON RECEIPT OF INVOICE. TO MAINTAIN AN OPEN ACCOUNT, WE WILL PERIODICALLY REQUEST UPDATED CREDIT INFORMATION. ALL INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE. SENTRY HOSPITALITY OF WNY IS HEREBY AUTHORIZED TO EXCHANGE CREDIT INFORMATION COVERING THIS APPLICATION AND ANY CREDIT GRANTED AS PART OF THE CREDIT INVESTIGATIONS PROCSS, OR ON ANY CREDIT UPDATE OR RENEWAL. IT IS FURTHER AGREED THAT FAILURE TO SATISFACTORILY COMPLY WITH THE TERMS OF PAYMENT MAY RESULT IN SUSPENSION OF DIRECT BILLING PRIVILEGES UNTIL ACCOUNT IS MADE CURRENT.

THE PERSON SIGNING INDIVIDUALLY AT THE PLACE BELOW GUARANTEES PAYMENT OF THIS ACCOUNT. ALL SIGNATORIES CONSENT TO JURISDICTIONS AND VENUE IN NIAGARA COUNTY, NEW YORK, IN THE EVENT A LAWSUIT IS FILED CONCERNING THIS AGREEMENT AND APPLICATION OF CREDIT. BY SIGNING THIS APPLICATION, THE HOTEL DOES NOT AUTHORIZE ACCEPTAANCE OF DIRECT BILLING. WE WILL NOTIFY YOU UPON ACCEPTANCE. IN THE EVENT COMPANY DEFAULTS, COMPANY AND GUARANTOR AGREE TO PAY HOTEL'S REASONABLE ATTORNEY'S FEES OF 15% OF THE PRINCIPAL AND INTEREST DUE AND OWING ON THIS ACCOUNT.

ALL CHARGES WILL BE PAID UPON RECEIPT OF INVOICE.



NAME OF AUTHORIZED OFFICER (Printed): \_\_\_\_\_ Title: \_\_\_\_\_

SIGNATURE OF "AUTHORIZED OFFICER" FOR "GUARANTOR": \_\_\_\_\_ Title: \_\_\_\_\_

This application must be completed and signed by owner, partner, or an officer of the corporation, whichever is applicable, before it will be accepted.

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DO NOT WRITE BELOW THIS LINE – FOR HOME OFFICE USE ONLY

HOTEL LOC.# \_\_\_\_\_

CREDIT LIMIT AUTHORIZED \$: \_\_\_\_\_ INFORMATION VERIFIED THRU: \_\_\_\_\_

REMARKS: \_\_\_\_\_

DATE: \_\_\_\_\_ APPROVED/DISAPPROVED (Circle One) BY: \_\_\_\_\_

ONE #: Area Code \_\_\_\_\_ Number \_\_\_\_\_