



Holiday Inn Sacramento NorthEast

**APPLICATION FOR
DIRECT BILLING**

Address: 5321 Date Avenue
Sacramento, CA 95841
Ph. (916) 338-5800
Fx. (916) 334-2868 - Front Desk
Fx. (916) 334-7409 - Accounting

Date of Application:

Hotel Sales / Catering
Contact:

Company:	
Address:	
Phone/Fax:	
Group Contact:	
Accounting Contact:	

TYPE OF BUSINESS:

- Association
- Partnership
- Corporation
- School / Church

Estimated Amount of Expenditures:	
Type of Expenditure Authorized:	Room, Room Tax
	Food & Beverage
	Meeting Room
	Incidentals

Please indicate your estimated total charges, and those charges to be paid by this master account. On-site persons authorized to use this account will be determined prior to the event start date.

BANK REFERENCE:

Bank:	City/State:
Account #:	

HOTEL REFERENCES: (Three hotel references required for application)

HOTEL	ADDRESS	CITY/STATE	PHONE #

DATE(S) OF EVENT(S):

Payment is due immediately upon receipt of Statement. In the event such payment is not made within 25 days after the receipt of the original statement, it is agreed that the hotel may immediately impose a LATE PAYMENT CHARGE at the rate of 1.5% per month (Annual rate of 18%), or the maximum allowed by law, on the unpaid balance, and and the reasonable cost of collection, including attorney fees.

APPLICANT SIGNATURE: _____

DATE: _____

TITLE: _____

For office use: