

HAWTHORN
 1 (800) 527-1133
 WWW.HAWTHORN.COM
 101 Trade Centre Drive
 Champaign, Illinois 61820
 Phone 217.3983.3400
 Fax 217.398.6147

Hotel Accounting Use Only		
Approved		Approved Billing
Denied		Account Number
Initials		

Company Name _____
 Street Address _____
 City _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

Names of Individual Able to Authorize Billing For Company:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Generally Approved Billing Charges (may be changed upon notice by Authorized individual):

Room and Tax Only		Room/Tax/Phone	
Banquet Charges Only		All Incurred Charges	
Organization is Tax Exempt		Exempt#	

Accts Payable Contact: _____ Phone: _____

Credit References:

Company:	1) _____	2) _____
Address:	_____	_____
City & State:	_____	_____
Telephone:	_____	_____
Account#:	_____	_____

Bank Reference:

Bank Name: _____

Address: _____

City _____ State: _____ Zip: _____

All Billings are payable upon receipt on invoice. A 1.5% **INTEREST ASSESMENT** will be added to any invoices **OVER 30 DAYS DUE**. Applicant Authorizes Hawthorn Suites Hotel and Conference Center to obtain required credit information pertaining to the company named above in the event credit is extended, applicant authorizes Hawthorn Suite Hotel and Conference Center to disclose credit information pertaining to this account to third parties. In the event of default in payment of this account, it is agreed that creditor shall pay all collection and court costs including all reasonable attorney fees incurred. Applicant also agrees that creditor shall be liable for interest at the current legal rate on any unpaid balance due at settlement.

PRINT NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____