



Hilton Scranton & Conference Center

Application for Credit

Name of Company _____

Billing Address _____

City _____ State _____ Zip _____

Name and Title of Person responsible for payment of account:

Phone _____

Is purchase order number required for payment? Yes _____ No _____

Tax Exempt? _____ If yes, a copy of the tax exemption certificate must accompany this application.

Bank Reference _____

Address _____

City _____ State _____ Zip _____

Phone _____ Account # _____

Bank Officer and Title _____

Approximate dollar volume of business to be conducted _____

Company Credit References

Hotels Preferred

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date(s) of Function(s) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date(s) of Function(s) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date(s) of Function(s) _____

Names and Titles of persons authorized to sign for charges: _____

Please mark which charges are to be billed:

All _____ Banquet _____ Rooms _____ Bar _____ Phone _____ Restaurant _____

Movies _____

Date of Scheduled function _____

I authorize the Hilton Scranton & Conference Center to check references and agree to payment terms which are 30 days from date of charge.

Signature _____

Title _____

Please allow 2 weeks for processing