



HOLIDAY INN HOTEL & SUITES – MESA/1600 S. Country Club Drive/Mesa, AZ 85210
P: 480.9643.7000 F: 480.833.6419

DIRECT BILL CREDIT APPLICATION

COMPANY NAME: _____ FAX NO: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

ACCOUNTS PAYABLE CONTACT NAME/PHONE NO: _____

PERSON(S) AUTHORIZED TO REQUEST BILLING: _____

CREDIT REFERENCES

BANK NAME: _____ ACCOUNT NO: _____

CONTACT PERSON: _____ PHONE NO: _____

CREDIT CARD NAME/ACCOUNT NO/EXP. DATE: _____

TRADE REFERENCES

PLEASE LIST 3 HOTELS YOU HAVE DEALT WITH WITHIN THE PAST 2 YEARS. IF YOU HAVE NOT DEALT WITH HOTELS, PLEASE LIST 3 TRADE REFERENCES AND ACCOUNT NUMBERS.

HOTEL/VENDOR	DATE OF FUNCTION OR ACCOUNT	NO PHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____

METHOD OF BILLING

BILL ALL CHARGES _____ BILL PLANNED FUNCTIONS ONLY _____

BILL ALL CHARGES EXCEPT INCIDENTALS _____ OTHER (EXPLAIN ON BACK) _____

ESTIMATED CHARGES: \$ _____ MAXIMUM CREDIT LINE REQUESTED: \$ _____

TERMS AND CONDITIONS

1. I (We) shall pay the amount due, as evidenced by supporting documents, upon receipt of invoice. All balances not paid within thirty (30) days are subject to a 1.5% service fee.

2. In the event credit is not extended, the term of the 100% prepayment prior to arrival is required.

ACCEPTANCE

To the best of my knowledge, the information on this form is true and accurate. I authorize your investigation of any of the above information.

NAME/TITLE

DATE