

**APPLICATION for CREDIT**

with

Wyndham Hotel San Jose  
1350 N. First Street, San Jose, CA 95112  
(408) 453-6200

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

**TERMS AND CONDITIONS**

**Parties hereby agree that all purchases made are subject to the following terms and conditions:**

1. The enclosed information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the Hotel to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned further warrants his/her authority to enter into this application on behalf of his/her company/organization.
2. The undersigned Purchaser agrees that invoices provided at time of departure represents the billing document. Payment terms are seven (7) days from the date the invoice is provided. The Purchaser is responsible to mail or deliver payment for invoices.
3. The Purchaser agrees to pay a service charge of \$50 for all checks returned by Purchaser's bank.
4. Purchaser agrees, in the event that the account becomes delinquent and is turned over for collection, to pay the sum of twenty-five percent (25%) of the outstanding balance due on the Purchaser's account for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default.
5. Purchaser agrees to notify the Hotel by certified mail of any change in ownership of the Purchaser and further agrees to be liable for all purchases should the undersigned fail to comply with such notification.
6. Purchaser agrees to provide financial statements and supporting information upon request. The Hotel agrees to keep this information confidential and only use for credit evaluation purposes.
7. Credit terms may be withdrawn or changed at any time without notice.

Officer/Owner/Partner: \_\_\_\_\_

**I am legally authorized to bind and obligate this organization to satisfy liabilities**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTY**

**Completion is mandatory for organization or personal events and for businesses established two years or less  
SIGNATURE MUST BE WITNESSED**

For and in consideration of the Hotel extending credit to the party listed on this application I hereby personally absolutely and unconditionally guarantee to the Hotel payment in full of any obligation of this party, and I hereby bind myself to pay the Hotel on demand any sum which becomes due to the Hotel by this party whenever the party shall fail to pay the same. It is understood that this guaranty shall be a continuing guaranty and indemnity for such indebtedness of the company unless the Hotel receives a certified notification of termination, which is to become effective no later than seven (7) days after receipt of such notice (the "Termination Date"). Such termination shall not affect the guaranty for balances owed prior to the Termination Date. I do hereby waive demand, protest, presentment notice of default or non-payment upon such account being turned over for collection, and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. I agree to pay the sum of twenty-five percent (25%) of the outstanding balance due on the account for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default in collecting the indebtedness as a result of enforcing this Guaranty.

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Guarantor Signature: \_\_\_\_\_

City: \_\_\_\_\_

SSN: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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**GENERAL INFORMATION**

Legal Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_  
Date Established: \_\_\_\_\_ Corporation/Partnership/Proprietorship (**circle one**)

**BILLING ADDRESS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**FINANCIAL INFORMATION**

Financial Statements attached: (**circle one**) Audited/Reviewed/Compiled/Self-prepared/None  
Date of most recent statements: \_\_\_\_\_

**BANKING INFORMATION**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Checking Account #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Loan Account #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Credit Card Type & Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HOTEL REFERENCES**

**OTHER REFERENCES**

<b>1 Hotel Name:</b>	<b>4 Name:</b>
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
<b>2 Hotel Name:</b>	<b>5 Name:</b>
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
<b>3 Hotel Name:</b>	<b>6 Hotel Name:</b>
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Event Dates:

Thank you for completing this Direct Billing Request Form. In Order for us to properly service your request, please return, this form to the attention of \_\_\_\_\_ no later than \_\_\_\_\_.

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**EVENT CONDITIONS**

Salesperson: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
 Type of Function: \_\_\_\_\_ Estimated Covers/Room-nights: \_\_\_\_\_  
 Date of Function: \_\_\_\_\_ Amount of Requested Credit: \_\_\_\_\_

**VERIFICATION AND APPROVAL**

This information was investigated by: \_\_\_\_\_ Date: \_\_\_\_\_  
 This application was provided to GM by: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant credit rating (circle one): \_\_\_\_\_ Prime/Good/Cash Only  
 Reason Extension of Credit accepted/rejected: \_\_\_\_\_

Amount of Credit Approved: \_\_\_\_\_ Date: \_\_\_\_\_

GM authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Provided to Salesperson: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL ANYALYSIS**

Age of Organization: \_\_\_\_\_

Is Audit Opinion "Unqualified", (Yes No) otherwise state nature of discrepancy  
 \_\_\_\_\_  
 \_\_\_\_\_

**VERIFICATION OF BANK INFORMATION**

Checking account balances: \_\_\_\_\_  
 Loan balance: \_\_\_\_\_  
 Current on Loan payments: \_\_\_\_\_  
 Credit Card balance: \_\_\_\_\_  
 Current on Credit Card payments: \_\_\_\_\_

**VERIFICATION OF REFERENCES**

<b>1</b> Credit extended:	<b>4</b> Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
<b>2</b> Credit extended:	<b>5</b> Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
<b>3</b> Credit extended:	<b>6</b> Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:

**VERIFICATION and APPROVAL PAGE**