

Credit Application for Direct Billing Status



Business Name: _____ Phone Number: _____

Billing Contact: _____ Phone Number: _____

Persons Authorized to Make Reservations: _____

Street Address: _____

Mailing Address: _____

Federal ID Number: _____ Approximately Annual Room Nights _____

Type of Business: _____ Date Established _____

Please Check One: Bill Room & Tax Only Bill All Expenses

Partnership Proprietorship

Name of Owner: _____ Social Security #: _____

Home Address: _____ Phone #: _____

Name of Owner: _____ Social Security #: _____

Home Address: _____ Phone #: _____

Corporation

Name of Officer: _____

Name of Officer: _____

Name of Officer: _____

Credit References

Bank Name: _____ Branch: _____

Phone Number: () _____ City/State: _____

() Checking () Savings Account #: _____

Bank Name: _____ Branch: _____

Phone Number: () _____ City/State: _____

() Checking () Savings Account #: _____

Trade References

List Three Trade References

Name of Company: _____

Account Number: _____ Phone #: _____

Name of Company: _____

Account Number: _____ Phone #: _____

Name of Company: _____

Account Number: _____ Phone #: _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE TERMS BELOW:

Should this application be approved, I (we) agree to pay invoices to Sleep Inn-Portland/Gresham (OR120) within 30 days of the date of invoice. In the event an invoice is not paid, a late charge of \$25.00 and a interest rate of 1.5% (18% annually) may be assessed for all amounts over 30 days past due. Should this account become delinquent or unpaid, I (we) agree to pay all reasonable attorney fees and collection costs related to collection and enforcement of these terms.

The above information is for the purposes of obtaining credit and is warranted to be true, I (we) authorize Sleep Inn-Portland/Gresham (OR012) to inquire and/or obtain from any credit bureau or reference, whether listed on this application or not, any information relating to my (our) credit worthiness.

Signature: _____ Date: _____

Print Name: _____ Title: _____