

Crestwood Suites

Application for Direct Bill

Company Name: _____ Division: _____

Address _____

Telephone: _____ Type of Business: _____

Is the above address: ___ Branch Office ___ Main Office
 ___ Regional Office ___ National Headquarters

Billing Address: _____

Send to the Attention of: _____

Person responsible for handling payment: _____

Address: _____

Special Billing Instructions (i.e.: Timing of payments, Purchase orders required, Mail stops, Name of person responsible for A/P dept., etc.): _____

Officers of Company:

<u>Title</u>	<u>Name</u>	<u>Telephone</u>
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Bank Reference: _____

Address: _____

Account number: _____ Telephone: _____

Trade References (Preferably Hotel):

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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The rates provided by Crestwood Suites include a daily phone charge for local calls, voice mail and data port access.

Does this company pay for long distance telephone charges? ___ yes ___ no

Is the guest / company tax exempt? ___ yes ___ no

If yes, attach copy of tax exempt certificate.

Person to contact for reservation authorization: _____

Telephone: _____

Please list names of those authorized to place reservations.
(Individual travelers, and / or central office personnel):

<u>Name</u>	<u>Telephone</u>
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Additional names are attached to this form.. ___ yes ___ no

Will the guest be allowed to make their own reservations? ___ yes ___ no

Will you reimburse Crestwood Suites for guaranteed no-shows? ___ yes ___ no

Direct bill payment terms: _____

This form was completed by: _____

Date: _____

This form was approved by: _____

Owner / Officer Signature

Date: _____

Note: The undersigned agrees to make immediate payment upon receipt of this statement. In the event such payment is not made within 60 days after receipt of the original statement. It is agreed that Crestwood Suites may immediately impose a LATE PAYMENT CHARGE at the rate of 1 1/2% per month (ANNUAL RATE 18 %), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

I hereby authorize Crestwood Suites to verify the above information.

Print name: _____ Signature: _____

Title: _____ Date: _____

For Office Use Only

References checked by: _____ Date: _____

Comments: _____

Direct bill approved by: _____ Date: _____

GM's Signature

Renewal date: _____ Credit limit: _____

Direct bill account # _____



Crestwood Suites of Direct Bill Credit Card Authorization Form

I, _____, am giving Sun Suites/Crestwood Suites
(Name as it appears on the credit card)

the right to charge my credit card the entire outstanding balance in the event that

_____ 's Account reaches 60
(Company name)

days past due.

(Authorizing signature)

(Date)

(Authorizing signature)

(Date)

Please attach a copy of the front and back of the credit card.