

# DIRECT BILLING CREDIT APPLICATION

DATE OF APPLICATION: \_\_\_\_\_ ORIGINAL HOTEL LOCATION: \_\_\_\_\_

## A. COMPANY INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PRODUCT/SERVICE RENDERED: \_\_\_\_\_

APPLICANT'S NAME & TITLE: \_\_\_\_\_

BILLING STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ DATE COMPANY BEGAN: \_\_\_\_\_

PERSON AUTHORIZED FOR COMPANY BILLING: \_\_\_\_\_

## B. BANK & TRADE REFERENCES

COMPANY BANK REFERENCES: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

1st HOTEL REFERENCE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

2nd HOTEL REFERENCE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

## C. DIRECT BILL INSTRUCTION. PLEASE STATE CHARGES THAT ARE TO BE BILLED DIRECTLY:

ROOM, TAX ONLY: \_\_\_\_\_ ROOM, TAX, ALL INCIDENTALS: \_\_\_\_\_ ONE TIME ONLY: \_\_\_\_\_ ORIGINAL BILLING: \_\_\_\_\_

## D. CREDIT CARD INFORMATION (INFORMATION SHOULD AS LISTED ON CREDIT CARD ACCOUNT)

COMPANY NAME: \_\_\_\_\_

NAME OF CARDHOLDER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS OF CARDHOLDER: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ TYPE OF CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

THE UNDERSIGNED AGREES, SHOULD CREDIT BE EXTENDED TO MY COMPANY OR MY SELF. PAYMENTS ARE TO BE MADE IN ACCORDANCE WITH THE TERMS SET FORTH. NET30. PAST DUE AMOUNTS ARE SUBJECT TO TIME DIFFERENTIALS OF 10% PER MONTH(18% PER ANNUAL). SHOULD THE SERVICES OF AGENCY OR ATTORNEY BE NECESSARY TO COLLECT AMOUNTS OUTSTANDING.I/WE AGREE TO PAY ALL COSTS OF SUCH COLLECTION INCULDING A REASONABLE ATTORNEY'S FEE. CRRDIT CARD IS SUBJECT TO BE CHARGED IF ACCOUNT BECOMES PAST DUE 60 DAYS OR OVER.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

## ECONOMY INN

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### FOR OFFICE USE ONLY

ACCOUNT APPROVED BY: \_\_\_\_\_

CREDIT LIMIT: \$ \_\_\_\_\_

APPLICANT NOTIFIED BY: \_\_\_\_\_

HOTEL GROUP NOTIFIED BY: \_\_\_\_\_