

Sleep Inn & Suites - Wildwood

Credit Application

1224 S. Main St., Wildwood, FL 34785 | Tel. 352.748.0507 | Fax 352.748.6429 | sleepinwildwood@hdghotels.com

Company's Full Legal Name (Company): _____

Trade Name _____ Phone: () _____ Ext. _____

Address _____ Fax: () _____

City: _____ State _____ Zip _____ Credit Limit Requested: \$ _____

Billing Contact: _____ Email Address: _____

Phone: () _____ Ext. _____ Fax: () _____

Individual(s) authorized to make direct-bill reservations: _____

What extra services are you willing to authorize? Phone Charges Extra Cleaning In Room Movies

Business Started: Month: _____ Year _____ How Many Employees: _____

Type of Business: _____ Bank Name: _____

Bank Contact: _____ Phone: () _____ Ext. _____

Fax: _____ Checking Account #: _____

Trade References

	<u>Company Name</u>	<u>Contact Name</u>	<u>Address</u>	<u>Phone</u>	<u>Ext.</u>
1.	_____	_____	_____	() _____	_____
2.	_____	_____	_____	() _____	_____
3.	_____	_____	_____	() _____	_____

Credit Card: AMEX M/C Visa Credit Card # _____ Exp _____

Name on Credit Card must match name of authorized representative below.

Organization Type: Corporation/Limited Partnership Government Partnership/Proprietorship NonProfit

Sign Here:

By signing below on behalf of your company, you represent that it is a valid business entity, and that you are an authorized representative of the Company with authority to enter into a contractual agreement. On behalf of the Company, you certify that all information provided in this application is complete and accurate, you agree to be bound by the terms net 30 days, and you authorize us to obtain information about you personally and your Company that is provided by credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. If payment is not received within the net 30 day terms, you authorize Sleep Inn FL907 to charge the above referenced credit card. The undersigned agrees he/she will be responsible for all room charges and damages. Billing will be on a weekly basis. The undersigned grants a security interest in all goods sold and lodging provided, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.

SIGNATURE of AUTHORIZED REPRESENTATIVE:

X _____ Printed Name _____

Title _____ Date _____