

Application for Direct Bill Account (Line of Credit)

PLEASE TYPE OR PRINT CLEARLY (Use complete address and phone numbers)

For Sleep Inn Office Use Only

Date Account Opened

Limit \$

Account #

Name of Business

Street Address

Phone Number

Fax Number

City, State, Zip Code

Sleep Inn will fax or e-mail your invoices to:

Fax No.

E-mail

I prefer to receive all invoices:

Upon Check-out Once Weekly

Accounts Payable Contact

Phone Number

Fax Number

Type of Business (Retail, Restaurant, Service, Church)

How long in Business

Legal Entity

Corporation Partnership
 Sole Proprietor

Annual Sales Volume

Banking Institution Name:

City / State

Account Number

Contact Person

Contact Phone No.

Fax Number

Trade References (Please list three (3) your are currently doing business with)

Name

Address, City, State, Zip

Phone No.

Fax No.

Please list all personnel authorized to reserve rooms on this direct bill account:

Complete the attached Credit Card Authorization. This authorization will be used only when invoices are 30+ days old or upon the request of the account holder.

Our firm is financially able to meet any commitments we will make and we will pay all invoices according to the terms set forth by North Florida Properties, LLC d/b/a Sleep Inn & Suites (herein called company)

All invoices are due and payable 10 days after receipt. I authorize Sleep Inn & Suites to charge the attached credit card for all invoices 30 or more days old.

If there is ever a need for legal action to collect a debt owed to our company, the company requesting line of credit will be responsible for all legal fees, including but not limited to all attorney fees & costs incurred in processing the claim. Proper venue for any legal action arising out of the use of this direct bill account is Marion County, Florida. This application and/or its terms shall be interpreted in accordance with Florida State Laws and Statutes. I / We understand North Florida Properties, LLC d/b/a Sleep Inn & Suites has the right to periodically review and or terminate our direct billing status should they deem necessary.

Print Name & Title

Authorized Signature

Date