

Application for Direct Bill Account (Line of Credit)

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



Name of Business

Street Address

Phone Number

Fax Number

City, State, Zip Code

Parent Company Name

Street Address

Phone Number

Fax Number

City, State, Zip Code

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) you are currently doing business with.)

Name

Address, City, State, Zip

Phone No.

Fax No.

For New Businesses, Owner must list last two employers

Company Name

Supervisor

Contact Phone

Company Name

Supervisor

Contact Phone

Our firm is financially able to meet any commitments we will make and we'll pay all invoices according to the terms set forth by Holiday Inn Express & Suites (Discovery Springs, LLC.) All invoices are due and payable 10 days after receipt. Failure to abide by these terms will result in a 15% late fee. If there is ever a need for legal action to collect a debt, our company (company requesting line of credit) will be responsible for all legal fees, including but not limited to 30% of all attorney fees & costs incurred in processing the claim. I / We understand the Holiday Inn Express & Suites (Discovery Springs, LLC) has the right to periodically review and or terminate our direct billing status should they deem necessary

Print Name & Title

Signature

Date

Holiday Inn Express & Suites
5360 East Silver Springs Blvd., Silver Springs, FL 34488
Tel. 352-304-6111 | Fax 352-304-6112