

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, Please list last two employers

Company Name	Supervisor	Contact Phone

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 Holiday Inn Express Hotel & Suites - Inverness (Sarina Asha Hotels, LLC.) All invoices are due and payable 10 days after receipt. Failure to abide by these terms will result in a 10% 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 Hotel & Suites (Sarina Asha Hotels, LLC) has the right to periodically review and or terminate our direct billing status should they deem necessary.

Print Name & Title

Authorized Signature Date

Holiday Inn Express Hotel & Suites
903 E Gulf to Lake Hwy, Lecanto, FL 34461
Tel. 352-341-3515 | Fax 352-726-1616