



4070 Westcliff Dr.  
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## CREDIT APPLICATION FOR DIRECT BILLING ACCOUNT

### Company & Billing Information

Company: \_\_\_\_\_ Department: \_\_\_\_\_

How Long In Business (Years): \_\_\_\_\_ Ever Declare Bankruptcy: No Yes If Yes, When? \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

Billing Method: Postal Mail Billing Fax Billing Email Billing Purchase Order Required: No Yes

*\*\*\*Direct Billing Accounts Require A Valid Credit Card To Be On File, Which Will Be Charged For Any Invoices Aging To 61+ Days.\*\*\**

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Cvv: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

### Persons Authorized to Bill To Account

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

### Credit References

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Used: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Used: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Used: \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last Used: \_\_\_\_\_

### Bank References

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Terms, Customer Agreement, And Signature

All information given in this application is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize the hotel or its agent to obtain information from credit reporting agencies and to investigate the references listed pertaining to my/our credit and financial responsibility. The listed references are authorized to release credit information upon request. If granted credit, I/we agree to pay all invoices upon receipt and within 30 days of guest's departure or periodic billing. A late charge of 1.5% per month (or the highest amount allowed by law, whichever is lower) of past due balances will be charged on all delinquent accounts.

I agree to all terms and conditions of this application and am authorized to sign on behalf of the company listed above.

X \_\_\_\_\_

**Signature of Authorized Representative**

**Title**

**Date**

Authorized representative should be a CFO, Corporate Controller, Vice President of Finance, CEO, Division Manager, or other person with the authority to bind the company listed above for any charges billed. Providing false or misleading information for the purpose of obtaining credit may be a crime in some areas which will be prosecuted and will result in the loss of billing privileges.