



DoubleTree by Hilton 701 Penn Street Reading, PA 19601

CREDIT APPLICATION FOR A DIRECT BILL ACCOUNT

TO CUSTOMER:

1. ALL AUTHORIZED CHARGES INCURRED BY COMPANY/ORGANIZATION AND/OR EMPLOYEES OR MEMEBERS THEREOF ARE THE SOLE RESPONSIBILITY OF THE COMPANY/ORGANIZATION/ASSOCIATION.
2. APPLICATION WILL NOT BE CONSIDERED UNLESS ALL AREAS ARE COMPLETED
3. THE ORIGINAL APPLICATION MUST BE RETURNED VIA MAIL FOR FINAL APPROVAL

AMOUNT OF CREDIT REQUESTED: _____

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

Is your organization tax exempt?

Yes ____ (please include a copy of exemption)

No ____

Please include a W9 with application

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

BUSINESS/TRADE REFERENCES (MUST INCLUDE AT LEAST 1 HOTEL REFERENCE)

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize DoubleTree by Hilton 701 Penn Street Reading, PA 19601 to make inquiries into the banking and business/trade references that you have supplied.
4. By my signature, I agree to allow an agent of the hotel to contact the noted references for verification of account status. I understand that bills are submitted after completion of a stay in the hotel or a function. And are due to the hotel within 30 days from date of billing.
5. For all invoices not paid within 30 days, I understand a 2.0% finance charge will be charged to my account.
6. If this account is placed in the hands of an attorney or collection agency, the undersigned agrees to pay all attorney's fees and costs permissible by law.

BY MY SIGNATURE I UNDERSTAND AND AGREE TO THE POLICY FOR BILLS NOT SETTLED WITHIN THE PROPERT TIME FRAME. I FURTHER UNDERSTAND THAT IT IS MY COMPANY'S RESPONSIBILITY TO KEEP THE LIST OF AUTHORIZED PERSONS CURRENT BY WRITTEN NOTICE.

SIGNATURES

Title: _____ Date: _____	Title: _____ Date: _____
Name (please print): _____	Name (please print): _____
Signature: _____	Signature: _____

Charges that are to be direct billed:

Room & Tax _____	Room, Tax, & Incidentals _____	Banquets/Other(explain) _____
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INDIVIDUALS AUTHORIZED TO MAKE DIRECT BILL RESERVATIONS

Name: _____		
Title: _____	Form of ID: _____	Enclose a copy of ID
Name: _____		
Title: _____	Form of ID: _____	Enclose a copy of ID

Name: _____		
Title: _____	Form of ID: _____	Enclose a copy of ID

FOR HOTEL USE ONLY:

Sales Manager (print name): _____ Signature : _____ Date: _____

General Manager (print name): _____ Signature : _____ Date: _____

Controller (print name): _____ Signature : _____ Date: _____

Approved: _____ Denied : _____ OnQ Code: _____ Date: _____

Please Note: Incomplete Applications will not be processed. Thank you