

Primary Information

Name _____

(Under which credit will be verified)

Address _____

City _____ State _____ Zip Code _____

Corporation Partnership Other Federal ID No. _____ D&B No. _____

Parent Company _____

Address _____

City _____ State _____

Principals / Corporate Officers

Name	Title	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
Chief Financial Officer/Controller _____		Accounts Payable Contact _____

Bank Reference

Name _____	Branch _____
Address _____	Officer _____
	Telephone _____

Hotel References

Name	Location	Dates	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Billing Information (if different from above)

Address _____

City _____ State _____ Zip Code _____

Arrival Date _____ Estimated Amount _____ No. of Rooms _____

All Hotel Charges Room/Tax Only Banquet Functions Only Per Attached Advice

Signatures required on second page – incomplete applications will not be considered

Sales/Catering Manager _____

Application for Direct Billing

I hereby authorize and direct that the above hotels make an inquiry of the financial position and credit of the business or organization listed above including an inquiry into the references provided above and of any credit reporting agencies. I personally, and on behalf of the business or organization listed, agree to hold the hotel harmless from any action arising out of such credit investigation.

I am authorized to obligate the business or organization named above to pay for charges incurred at the hotel. I agree that the business or organization named above will pay all amounts due to the hotel, as evidenced by the account, not later than thirty (30) days after checkout / function date. I agree that a late charge of 1.5% per month may be assessed and will be paid by the responsible business or organization named above, if the full amount is not paid when due. Any payments received shall be applied first against such late charges. I further agree that the responsible business or organization listed above shall pay all costs of collection, whether or not suit is brought (including attorney's fees and any costs or litigation or arbitration).

I agree that the above hotels or Starwood Hotels & Resorts Worldwide, Inc. is not obligated to offer direct billing services under this account unless and until hotel management has notified me that direct billing services have been approved.

By providing this information, I authorize Starwood Hotels & Resorts Worldwide, Inc., and its affiliated and subsidiary companies, (the "Starwood Group"): to collect, process and use the data provided for any lawful, Starwood Group business related purpose; to store the data at and transmit the data to various location(s), either directly or through its third party vendor(s), as the Starwood Group deems appropriate, throughout the world, whether within my country of residence, the United States, or elsewhere.

I certify that the above statements and the above information on the face of this document are true and correct.

Name (Please Print)	Signature	Date
Title	For	

For Hotel Use Only

Date of Event	Estimated Amount
Date Sent	Date Returned
Bank Verification	By
	By
Dun & Bradstreet	By
Other	By
Approved	Declined
Date	