

ECONOMY INN
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THIBODAUX, LA.70301
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DIRECT BILLING CREDIT APPLICATION

DATE OF APPLICATION _____ ORIGINAL HOTEL LOCATION _____

A. COMPANY INFORMATION.

NAME _____ PHONE _____
CITY, STATE, ZIP _____
PRODUCT/SERVICE RENDERED _____
APPLICANT'S NAME & TITLE _____
BILLING STREET ADDRESS _____
CITY, STATE, ZIP _____
OFFICE PHONE _____ DATE COMPANY BEGAN _____
PERSON AUTHORIZED FOR COMPANY BILLING _____

B. BANK & TRADE REFERENCES

COMPANY BANK REFERENCES _____
ACCOUNT NUMBER _____ PHONE NUMBER _____
1ST HOTEL REFERENCE _____ PHONE NUMBER _____
ADDRESS _____
CONTACT NAME _____ TITLE _____
2nd HOTEL REFERENCE _____ PHONE NUMBER _____
ADDRESS _____
CONTACT NAME _____ TITLE _____

C. DIRECT BILL INSTRUCTION

PLEASE STATE CHARGES THAT ARE TO BE BILLED DIRECTLY:
ROOM AND TAX ONLY _____ ROOM, TAX AND ALL INCIDENTALS _____
ONE TIME BILLING ONLY _____ ORIGINAL BILLING _____

D. CREDIT CARD INFORMATION (INFORMATION SHOULD AS LISTED ON CREDIT CARD ACCOUNT.)

COMPANY NAME _____
NAME OF CARDHOLDER _____ PHONE NUMBER _____
ADDRESS OF CARDHOLDER _____
CITY, STATE, ZIP _____
CARD NUMBER _____ TYPE OF CARD _____ EXPIRATION DAY ____/____/____
CARDHOLDER'S SIGNATURE _____
COMMENTS: _____

THE UNDERSIGNED AGREES, SHOULD CREDIT BE EXTENDED TO MY COMPANY OR MY SELF. PAYMENTS ARE TO BE MADE IN ACCORDANCE WITH THE TERMS SET FORTH. NET30. PAST DUE AMOUNTS ARE SUBJECT TO TIME DIFFERENTIALS OF 10% PER MONTH(18% PER ANNUAL). SHOULD THE SERVICES OF AGENCY OR ATTORNEY BE NECESSARY TO COLLECT AMOUNTS OUTSTANDING.I/WE AGREE TO PAY ALL COSTS OF SUCH COLLECTION INCLUDING A REASONABLE ATTORNEY'S FEE. CREDIT CARD IS SUBJECT TO BE CHARGED IF ACCOUNT BECOMES PAST DUE 60 DAYS OR OVER.

SIGNATURE _____

TITLE _____

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| <p>FOR OFFICE USE ONLY</p> <p>ACCOUNT APPROVED BY: _____</p> <p>CREDIT LIMIT: \$ _____</p> <p>APPLICANT NOTIFIED BY: _____</p> <p>HOTEL GROUP NOTIFIED BY: _____</p> |
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