



We are pleased to extend credit to any qualified organization doing business with Heritage Hotel. In order to insure that billing is completed accurately and expeditiously, we ask you to complete the information below. If you have any questions or concerns, please consult your sales representative or our controller. Please allow two weeks for processing.

ORGANIZATION

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Person Whom Invoice Should be Directed: _____

Position: _____

If billing address is different from above:

Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Period of time you wish to have credit established with Heritage Hotel

From _____ to _____.

Date of Specific Event/Function: _____

Person(s) authorized to incur charges on behalf of the organization listed above.

Name: _____ Position: _____

Name: _____ Position: _____

BANKING INFORMATION

Please list the banking institution from which funds will be drawn to pay Heritage Hotel:

Bank Name: _____ Account Number: _____

Name the Account is Registered in: _____

Address: _____

City: _____ Stat _____ Zip: _____

Telephone: _____ Fax: _____

BUSINESS REFERENCES

Please indicate any hotels or facilities whom you have done business within the last twelve months:

Facility: _____ Date of Function: _____ Contact: _____

City: _____ State: _____ Phone: _____ Fax: _____

Facility: _____ Date of Function: _____ Contact: _____

City: _____ State: _____ Phone: _____ Fax: _____

Facility: _____ Date of Function: _____ Contact: _____

City: _____ State: _____ Phone: _____ Fax: _____

We ask that all accounts be paid within 30 days of the invoice date. If you have questions on your account or charges, please call us to assist you.

I give my permission to Heritage Hotel , to verify all facts disclosed. I understand that this is a request for an account and that I will be notified of acceptance by Heritage Hotel . I understand and accept the terms of payment.

Name: _____ Position: _____

Signature: _____ Date: _____

**A fax or scanned copy of this authorization shall be as valid as the original.
Please email to fd@heritagehote.co**