

CREDIT APPLICATION

Sleep Inn

1050 Claussen Road - Augusta, Georgia 30907

(706) 738-7473 phone – (706) 733-3551 fax

Company Name: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

References:

Bank _____ City: _____ State: _____

Phone: _____ Acct No: _____

Hotel _____ Phone: _____

Address: _____

Other _____ Phone: _____

Address: _____

Other _____ Phone: _____

Address: _____

Credit Card No: (Visa M/C Amex Discover) _____ Expires: ____/____

People Authorized to Make reservations: _____

Terms and Agreements:

1. Approval for credit is contingent upon approval by the hotel based on information provided on this application.
2. Invoices past due over 30 days may result in a late payment charge at a rate of 1½% per month.
3. The company will be responsible for any stolen or damaged items in rooms its employees occupy.
4. The company will be responsible for any collections or legal charges incurred to collect any overdue balances.
5. All rates will be set at our standard corporate rate unless noted otherwise. At least one months notice will be given in the event of a change in this rate.

The Undersigned authorizes the exchange of credit information. It is understood and agreed that signing this form guarantees payments for charges incurred by individuals under this billing agreement. All charges are due upon receipt of billing statements.

Authorized Signature: _____ Date: _____