



APPLICATION FOR CREDIT
BANQUETS, FUNCTIONS, TOURS & CONVENTIONS

NAME: _____
Individual or Organization for Payment

ADDRESS: _____
For Billing Purposes

CONTACT: _____
Person Receiving Bill Telephone Number

BOOKED BY: _____
Hotel Employee Date

APPROXIMATE COST: _____

TYPE OF EVENT: _____
Function Date

TWO HOTEL REFERENCES:

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Date of Last Function: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Date of Last Function: _____

BANK REFERENCE: _____

Account #: _____
Contact Person: _____
Credit Card: _____ Number: _____ Exp _____

We settle this account within (30) days of the scheduled function:

Signature Title

Date
Approved: _____ Approved: _____
Director of Sales Controller