



Billing Cover Letter

Thank you for applying for Direct Bill privileges at the Hotel Contessa. Please note the following:

Qualifying for Direct Bill

- Hotel Contessa will accept applications for Direct Bill for all events with an estimated total charges of \$5,000 or higher. If your event will total less than this amount, please complete payment via Credit Card or Company Check.
- Hotel Contessa requires all group events to be pre-paid (10) days prior to arrival unless Direct Bill privileges are approved. Terms for payment upon Direct Bill approval are Net 30.
- The acceptance of this application does not guarantee approval. Applicants will be notified of the application status up to 20 days before the event.
- Events contracted within 30 days of the event will not be eligible for Direct Bill privileges.

Submitting the Credit Application Form

- Hotel Contessa requests that the Credit Application be submitted 90 – 30 days prior to your event date. This will allow for the most recent credit activity to be evaluated.
- Please notify your Sales or Conference Planning manager that you would like to apply for Direct Bill privileges prior to submitting the form. Credit Application forms may be emailed or faxed to your Sales or Conference Planning manager directly.

Completing the Credit Application Form

- Hotel Contessa requires that applicants complete **all** fields of the Credit Application. Additional credit reference information from your company may be submitted **in addition to** completing our form.

Hotel Reference Section of Credit Application Form

- Hotel Contessa requires a minimum of (3) positive credit references specifically from hotels.
- References should only be listed if the hotel has been used within the last 12 months from the date of event.
- Reference information must include the hotel's contact information and dates of last event.
- References should only be listed if the business was a group/catering event, and paid within 30 days following the event (Pre-paid events and Transient Business Accounts are not applicable for references).

Signature Section of Credit Application Form

- Please remember to sign page 2 of the Hotel Contessa Credit Application form.

CONFIDENTIAL CREDIT APPLICATION

Company Name: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____

Parent Company Name/Prior Name: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: _____

Principals / Corporate Officers:
NAME / TITLE / TELEPHONE #: _____
NAME / TITLE / TELEPHONE #: _____
NAME / TITLE / TELEPHONE #: _____
CONTROLLER / ACCOUNTS PAYABLE SUPERVISOR: _____

BANK REFERENCES

1) **Name & Branch:** _____
Address : _____ **City :** _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Account #** _____ **Bank Officer :** _____
COMMENTS - (Office Use Only): _____

HOTEL REFERENCES (Must Provide (4) References, Used within the past 12 Months)

1) **Name:** _____ **Date of Stay:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **High Balance:** _____ **Payment Terms:** _____
COMMENTS - (Office Use Only): _____

2) **Name:** _____ **Date of Stay:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **High Balance:** _____ **Payment Terms:** _____
COMMENTS - (Office Use Only): _____

3) **Name:** _____ **Date of Stay:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **High Balance:** _____ **Payment Terms:** _____
COMMENTS - (Office Use Only): _____

4) **Name:** _____ **Date of Stay:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **High Balance:** _____ **Payment Terms:** _____
COMMENTS - (Office Use Only): _____

BILLING INSTRUCTIONS

Special Billing Instructions: _____

Check Applicable Box: All Hotel Charges Room & Tax Only Banquet Charges Only

Authorized Signatures: _____

Expected Arrival: _____ Conference Manager: _____
Expected Departure: _____ Sales Manager: _____
Estimated Charges: _____

I/We hereby authorize and direct that an inquiry be made of the references provided and of credit reporting agencies. I/We agree to hold the hotel harmless from any action arising out of legitimate and proper conduct of credit investigation.

I/We am authorized to obligate the group or individual named previously, and will pay for charges incurred at the hotel.

I/We AGREE THAT THE ENTITY NAMED RESPONSIBLE WILL PAY ALL AMOUNTS DUE TO THE HOTEL, AS EVIDENCED BY THE ACCOUNT, NOT LATER THAN (30) DAYS AFTER OUR FINAL BILL IS SENT TO US BY HOTEL CONTESSA.

FURTHER I/WE AGREE THAT A FINANCE CHARGE NOT TO EXCEED THE LEGAL LIMIT WILL BE ASSESSED ON ANY BALANCE THAT IS PAST DUE OR LATER THAN THIRTY (30) DAYS AFTER RECEIPT OF OUR FINAL BILLING.

I/We agree that this documents shall not be binding on the hotel unless and until financial arrangements for settlements of all charges are stated on its face and authorized signature/s appears below.

I/We have listed additional names and capacities of individuals authorized to charge to this account as an attachment to this application. (names may be listed on your BEO's as VIP's or attach listing to this form)

I/We certify that the above statements and the above information on the face of this documents is true and correct.

Signature: _____ Signature: _____
Date: _____ Date: _____
Typed Name: _____ Typed Name: _____
Date: _____ Date: _____
Title: _____ Title: _____

We appreciate your time in completing this credit application. We will process the information immediately. To assist us, we request that we receive this application 90 - 30 days prior to your first planned function. This information will be held in the strictest confidence. Your total charges incurred must exceed \$5,000.00 for consideration. To expedite the processing, we would appreciate it if ALL the information is completed. Thank you for your business and we look forward to serving you and your guests.

FOR HOTEL USE ONLY

DATE OF EVENT: _____ EST AMT \$ _____ DEPOSIT \$ _____
DATE APPLICATION SENT : _____ DATE RETURNED: _____

APPROVED: Controller: _____

General Manager: _____

DECLINED: DATE: _____

If declined briefly state reasons: _____

Please return this completed form to your Sales or Conference Planning Manager.