



### Direct Bill Account - Application Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Account Name: \_\_\_\_\_  
(Name you require on invoices)

Phone / Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check the property(ies) where you would like to establish direct billing:

\_\_\_\_\_ **Holiday Inn**                      \_\_\_\_\_ **Hilton Garden Inn**

\_\_\_\_\_ **Holiday Inn Express**                      \_\_\_\_\_ **SpringHill Suites Marriott**

*(Please print clearly all personnel names)*

Authorization to Direct Bill Charges for ongoing events, sleeping rooms, catering, & meeting rooms.

Please Bill to this Address:

Department: \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please check each category approved for this account:

- Room & Taxes Only\*
- Telephone
- Restaurant / Bar / Room Service
- Banquet Charges\*
- Parking
- All Incidentals
- All Charges

***\*Tax will be charged unless we receive approved tax exemption certificates.***

Preferred Method of Billing:                      E-mail \_\_\_\_\_                      Fax \_\_\_\_\_                      Mail \_\_\_\_\_

P.O. Number Required:                      Yes \_\_\_\_\_                      No \_\_\_\_\_

Please list other names authorized to use this account:

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**Understand that payment terms are net due in thirty (30) days. Thank You!**

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, please contact the Accounting Department at 706-354-6400. Please return completed application to the Accounting Department via Email or Fax to 706-363-9945.

