



**DIRECT BILL APPLICATION (UGA)**

**GENERAL INFORMATION:**

**COMPANY NAME:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

**CITY/ STATE/ ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**We request that all direct bill reservations be made in advance. Allow ten days for credit application approval. Please list below those persons authorized to make direct bill reservations.**

\_\_\_\_\_

**WILL A PURCHASE ORDER BE ISSUED PRIOR TO EVENT? YES \_\_\_ NO \_\_\_**

**Please check each incidental charge for which your company will be responsible:**

**Room and Tax:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Parking:** \_\_\_\_\_

**Restaurant:** \_\_\_\_\_ **Meeting Room:** \_\_\_\_\_ **Banquet:** \_\_\_\_\_

**Audio/Visual:** \_\_\_\_\_ **Sundries:** \_\_\_\_\_ **All Charges:** \_\_\_\_\_

Payable within 30 days of statement to avoid finance charge of 1 1/2% per month not to exceed 18% per year. We certify that all information on this form is correct. We fully understand your Credit terms and agree to the proper payment in consideration of extended credit. The undersigned represents that he/she is authorized to make this Application on behalf of the company that is hereby applying for credit. In the event that payment is not made when due and it becomes necessary to refer the debt to an attorney for collection

\_\_\_\_\_  
Name of Company Applying for Credit

By: \_\_\_\_\_ (i.e., signature for the debtor company)

Signature of Authorized Representative

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_

**For Office Use Only**

**Reviewed and verified by:** \_\_\_\_\_

**Charge amount authorized:** \_\_\_\_\_

**General Manager:** \_\_\_\_\_

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