



520 Queen City Parkway Gainesville, GA 30501
Telephone: 770.535.8100 Fax: 770.536.6089

DIRECT BILL APPLICATION

Company Name: _____ Tax ID: _____
Billing Address: _____

Telephone: _____
Email: _____
Contact: _____ Title: _____

References

Bank: _____ Account #: _____
Address: _____ Phone: _____
Contact: _____ Title: _____
Trade references:
Name: _____ Phone: _____
Contact: _____ Title: _____
Name: _____ Phone: _____
Contact: _____ Title: _____

Credit card information:

Card type: MasterCard Visa American Express Discover
Name on card: _____
Credit card number: _____
Expiration: _____ Auth code: _____

Please indicate who will be making reservations and if the company will pay for the entire stay or room and tax only: _____

Payments are due upon receipt, accounts over 30 days will be subject to 2% monthly service charge.

Authorizing signature: _____
Name: _____ Title: _____
Date: _____