A-1 Hospitality dba
Super 8 Wenatchee.
1401 North Miller St.
Wenatchee, WA 98801
PH: 509-662-3443 FAX: 509-665-0715
Email: admin@super8wenatchee.com

Company Direct Bill Application

Company Name:_____

Company Contact: _____ Phone: _____Email: _____

Accounts Payable Contact:_____ Phone: _____Email: _____

Address: _____ Billing Address: _____

_____　　　　　　　_____

_____　　　　　　　_____

COMMERCIAL CREDIT TRADE REFERENCES: (ONE HOTEL REFERENCE REQUIRED)

	NAME	COMPLETE ADDRESS	TELEPHONE	DATE
1				
2				
3				

BANK INFORMATION

Bank Name: _____

Branch Address: _____

Account Number(s): _____

CREDIT AGREEMENT TERMS AND CONDITIONS

Payment Terms -- All invoices are payable upon receipt. Past Due Accounts over 30 days are subject to suspension of billing privileges and 1.5% interest charges every 30 days past due until account has been settled. Signature below constitutes full acceptance of an agreement to pay according to stated terms.

Credit Card Back-up Account No. _____ Exp.:_____ CCV #: _____

Name as it Appears on Credit Card: _____ Authorized Signature: _____

Billing Address on Card: _____

Credit card will be charged if bill is past due 60 days.

THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND IS VOLUNTARILY PROVIDED TO ASSIST A-1 HOSPITALITY, INC. IN ESTABLISHING A COMMERCIAL CREDIT ACCOUNT FOR THE WITHIN NAMED COMPANY. A-1 HOSPITALITY, INC. OR THEIR AGENT IS AUTHORIZED TO OBTAIN AND VERIFY CREDIT AND FINANCIAL INFORMATION FROM ANY AND ALL REFERENCES. IT IS EXPRESSLY UNDERSTOOD THAT IF CREDIT IS APPROVED, ALL CHARGES WILL BE PAID ON ALL PAST DUE AMOUNTS. THAT IN THE EVEN OF DEFAULT, COLLECTION COSTS AND ATTORNEYS FEES WILL BE REIMBURSED TO A-1 HOSPITALITY, INC. AND THAT THE COMPANY CONTACT HEREIN WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL A-1 HOSPITALITY, INC. RECEIVES NOTICE IN WRITING OF SALE OR TERMINATION OF COMPANY OR BUSINESS.

DATE: _____ SIGNED: _____ TITLE: _____