

DIRECT BILL ACCOUNT APPLICATION

(Please Select a Hotel to Setup Direct Bill Account)



Best Western Limestone Inn & Suites
 1314 E Milam St, Mexia, TX 76667
 Tel. 254-562-0200 Fax. 254-562-0201
 Email : bestwestern_mexia@yahoo.com

DAILY RATE 1 King Bed : _____ 2 Queen Beds : _____ 1 King Suite : _____

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Comfort Inn & Suites
 820 W Milam St, Mexia, TX 76667
 Tel. 254-562-0005 Fax. 254-562-0003
 Email : comfortinn.mexia@yahoo.com

DAILY RATE 1 King Bed : _____ 2 Queen Beds : _____ 1 King Suite : _____

CHARGES, COMPANY WILL BE RESPONSIBLE FOR : (CHECK ALL THAT WILL APPLY)
 () ROOM AND TAX () FAX () LONG DISTANCE CHARGES () MEETING ROOM

COMPANY / ORGANIZATION : _____
 STREET ADDRESS : _____
 CITY : _____ STATE : _____ ZIP : _____
 PHONE : _____ FAX : _____
 BILLING ADDRESS : _____
 CITY : _____ STATE : _____ ZIP : _____
 PERSON RESPONSIBLE FOR PAYMENT : _____
 PHONE : _____ FAX : _____

REFERENCE	1. NAME OF COMPANY / ORGANIZATION : _____
	ADDRESS : _____
	CITY: _____ STATE: _____ ZIP: _____
	CONTACT PERSON : _____ PHONE : _____
	2. NAME OF COMPANY / ORGANIZATION : _____
	ADDRESS : _____
CITY: _____ STATE: _____ ZIP: _____	
CONTACT PERSON : _____ PHONE : _____	

THE UNDERSIGNED ACKNOWLEDGES AND / OR APPROVES THE FOLLOWING:

1. Terms are net 21 days
2. Payments are due 21 days following the date of any charges incurred.
3. A late payment of \$35.00 will be added to any balances due over 21 days past.
 (late finance charge of 2% per month or 18% annum)
4. If it become necessary to effect collection, all costs for collection including court costs and reasonable attorney fees will be the responsibility of the applicant.
5. The undersigned is authorized to execute this agreement on behalf of the applicant.
6. The hotel is not under any obligation to use this direct bill account and has the right to require payment by any employee or associate of the applicant in accordance with standard guest policies.
7. All information that is provided on this application is accurate.
8. If a reservation is not cancelled 24 hours prior to arrival, it will be charges as a no-show.

NAME : _____
 TITLE : _____ DATE: _____ SIGNED : _____

FOR HOTEL USE ONLY (Do Not Fill Out)	
Remarks : _____	
Date Approved : _____	Account Number : _____
General Manager: _____	Signature : _____