



CREDIT APPLICATION

For Hotel Use Only:	
Date of Function:	_____
Sales Contact:	_____
Credit Amount:	_____
Recommendation:	Yes: _____ No: _____
Approved by GM:	_____
Date of Approval:	_____
Updated Approval:	_____

Company Name: _____ **Contact Name:** _____
Address: _____ **Contact Phone:** _____
City/State/Zip _____ **Contact Fax:** _____
Years in Business: _____ **Corporation:** **Partnership:** **Proprietorship:** **Last K&P event:** _____

Billing Information if different from above:

Billing Contact: _____ **Billing Phone:** _____
Billing Address: _____ **Billing Fax:** _____
City/State/Zip: _____ **Billing Email:** _____
Special Billing Instructions (if any) _____

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT AT LEAST THREE CREDIT REFERENCES, PREFERABLY FROM HOTELS

Hotel Reference: _____ **Phone:** _____
Address/City/State/Zip: _____ **Email:** _____

Date of stay: _____ **Amount Direct Billed:** \$ _____

Hotel Reference: _____ **Phone:** _____
Address/City/State/Zip: _____ **Email:** _____

Date of stay: _____ **Amount Direct Billed:** \$ _____

Hotel Reference: _____ **Phone:** _____
Address/City/State/Zip: _____ **Email:** _____

Date of stay: _____ **Amount Direct Billed:** \$ _____

Hotel Reference: _____ **Phone:** _____
Address/City/State/Zip: _____ **Email:** _____

Date of stay: _____ **Amount Direct Billed:** \$ _____

Bank Reference: _____ **Phone:** _____

If Applicable, attach: PO Tax Exempt Forms Type of Business: _____

Comments: _____

I authorize the release of any credit information to the above hotel or its agents for the purpose of establishing an account. I understand payment is due no later than 30 days after receipt of statement. This application is for exclusive use of the above-named hotel.

Signature: _____ Title: _____

Printed Name: _____ Date: _____