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Arvada, CO - Atlanta, GA - Pleasanton, TX Credit Application

PO BOX 467365 · ATLANTA, GEORGIA 31146 · 770-396-5212 · Fax 770-396-3318 · www.savannahsuites.com
Please Print Using Black Ink. Please Complete Entire Application and email to bmccarthy@savannahsuites.com

What extra services are you willing to authorize?	Company's Full Legal Name (Company):	Credit Lir	Credit Limit Requested: \$	
City:StateZipPhone: (Trade Name	Fed ID #:	Fed ID #:	
Billing Contact:	Address	Dun &Bradstreet # (Da	Dun &Bradstreet # (D&B/DUNS):	
Email:	City: State Zip	Phone: ()	Ext	
Lodging Contact:	Billing Contact:	Phone: ()		
Email: Individual authorized to charge on account:		Email:		
Individual authorized to charge on account: What extra services are you willing to authorize? △ Phone Charges △ Extra Cleaning △ Damages Business Started: Month: Year How Many Employees:	Lodging Contact:	Phone: ()	Ext	
What extra services are you willing to authorize?		Email:		
Business Started: Month: Year How Many Employees: Bank Name:	Individual authorized to charge on account:			
Bank Contact:	What extra services are you willing to authorize? △ Pho	one Charges	△ Damages	
Bank Contact:	Business Started: Month: Year	How Many Employees	How Many Employees:	
Email: Checking Account #:	Type of Business:	Bank Name:	Bank Name:	
Trade References Company Name Contact Name Address Phone Ext.	Bank Contact:	Phone: ()	Ext	
Credit Card: ☐ AMEX ☐ M/C ☐ Visa Credit Card #:	Email:	Checking Account #: _		
2	Trade References <u>Company Name</u> <u>Contact Name</u>	<u>e</u> <u>Address</u>	Phone Ext.	
Credit Card:	1		()	
Credit Card: \(\triangle \triangle AMEX \(\triangle M/C \) Visa Credit Card #: Expiration Name on Credit Card must match name of authorized representative below. Organization Type: \(\triangle \triangle Corporation/Limited Partnership \(\triangle \triangle Government \) Partnership/Proprietorship \(\triangle NonProfit \) By signing below on behalf of your Company, you represent that it is a valid business entity, and that you are an authorized representative of the Company with authority to enter into a contractual agreement. On behalf of the Company, you certify that all information provided in this application is complete and accurate, you agree to be bound by the payment terms of net 30 days from invoice date, and you authorize us to obtain information about you personally and your Company that is provided by credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. If payment is not received within the net 30 day terms, you authorize Savannah Suites to charge the above referenced credit card. The undersigned agrees he/she will be responsible for all room charges and damages. Billing will be on a weekly basis. The undersigned grants a security interest in all goods sold and lodging provided, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation. SIGNATURE of AUTHORIZED REPRESENTATIVE:	2		()	
Name on Credit Card must match name of authorized representative below. Organization Type: Corporation/Limited Partnership Government Partnership/Proprietorship NonProfit By signing below on behalf of your Company, you represent that it is a valid business entity, and that you are an authorized representative of the Company with authority to enter into a contractual agreement. On behalf of the Company, you certify that all information provided in this application is complete and accurate, you agree to be bound by the payment terms of net 30 days from invoice date, and you authorize us to obtain information about you personally and your Company that is provided by credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. If payment is not received within the net 30 day terms, you authorize Savannah Suites to charge the above referenced credit card. The undersigned agrees he/she will be responsible for all room charges and damages. Billing will be on a weekly basis. The undersigned grants a security interest in all goods sold and lodging provided, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation. SIGNATURE of AUTHORIZED REPRESENTATIVE:	3			
By signing below on behalf of your Company, you represent that it is a valid business entity, and that you are an authorized representative of the Company with authority to enter into a contractual agreement. On behalf of the Company, you certify that all information provided in this application is complete and accurate, you agree to be bound by the payment terms of net 30 days from invoice date, and you authorize us to obtain information about you personally and your Company that is provided by credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. If payment is not received within the net 30 day terms, you authorize Savannah Suites to charge the above referenced credit card. The undersigned agrees he/she will be responsible for all room charges and damages. Billing will be on a weekly basis. The undersigned grants a security interest in all goods sold and lodging provided, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation. SIGNATURE of AUTHORIZED REPRESENTATIVE:			Expiration	
Company with authority to enter into a contractual agreement. On behalf of the Company, you certify that all information provided in this application is complete and accurate, you agree to be bound by the payment terms of net 30 days from invoice date, and you authorize us to obtain information about you personally and your Company that is provided by credit reporting agencies and other sources we deem appropriate in considering this application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this application or in receiving or collecting the Account. If payment is not received within the net 30 day terms, you authorize Savannah Suites to charge the above referenced credit card. The undersigned agrees he/she will be responsible for all room charges and damages. Billing will be on a weekly basis. The undersigned grants a security interest in all goods sold and lodging provided, and agrees to pay reasonable attorney's fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation. SIGNATURE of AUTHORIZED REPRESENTATIVE:	Organization Type: △ Corporation/Limited Partnership	△ Government △ Partnership/Pro	prietorship \(\Delta \) NonProfit	
	Company with authority to enter into a contractual agreement. On behal		ou are an authorized representative of the	
X Printed Name	personally and your Company that is provided by credit reporting ages subsequently for purposes of updates, renewals or extensions of credit gayment is not received within the net 30 day terms, you authorize Savanr will be responsible for all room charges and damages. Billing will be oldging provided, and agrees to pay reasonable attorney's fees and cost of	net 30 days from invoice date, and you authorices and other sources we deem appropriganted as a result of this application or in an Suites to charge the above referenced croin a weekly basis. The undersigned grants	orize us to obtain information about you interest in considering this application and a receiving or collecting the Account. If redit card. The undersigned agrees he/she a security interest in all goods sold and	
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Date_

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