



Location _____

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.

Company's Full Legal Name (Company): _____

Trade Name _____ Fed ID #: _____

Address _____ Dun & Bradstreet # (D&B/DUNS): _____

Phone: () _____ Ext. _____

City: _____ State _____ Zip _____ Fax: () _____

Billing Contact: _____ Credit Limit Requested: \$ _____

Lodging Contact: _____

Phone: () _____ Ext. _____ Fax: () _____

Individual authorized to charge on account: _____

What extra services are you willing to authorize? Phone Charges Extra Cleaning In Room Movies

Business Started: Month: _____ Year _____ How Many Employees: _____

Type of Business: _____ Bank Name: _____

Bank Contact: _____ Phone: () _____ Ext. _____

Fax: _____ Checking Account #: _____

Trade References

	<u>Company Name</u>	<u>Contact Name</u>	<u>Address</u>	<u>Phone</u>	<u>Ext.</u>
1.	_____	_____	_____	() _____	_____
2.	_____	_____	_____	() _____	_____
3.	_____	_____	_____	() _____	_____

Credit Card: AMEX M/C Visa Credit Card #: _____ Expiration _____

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:

X _____ Printed Name _____

Title _____ Date _____ SS # _____