



CEDAR RAPIDS

1200 Collins Road N.E.
Cedar Rapids, IA 52402-2000
(319) 393-6600 • 800-541-1067
FAX: (319) 393-2308

Credit Application

FIRM NAME AND ADDRESS:

BILLING ADDRESS:

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone _____

Telephone _____

Type of ownership: _____

Corporation _____ Partnership _____ Individual _____

Social Security Number (if individual account) _____

Name of Owners or Executive Officer _____

Date Business Established _____ Type of Business _____

BANKS:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Account Number _____

Account Number _____

COMMERCIAL REFERENCES: (Hotels Preferred - please provide function dates)

Name	Address	Phone	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Address	Phone	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of person authorized to charge:	Check appropriate boxes							Charges Approved
	A	B	C	D	E	F	G	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A Room & Tax
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B Meetings & Banquets
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C Restaurant
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D Phone
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E Lounge
								F Laundry
								G All Charges

Would you guarantee payment on your company representatives not listed above if we grant credit?

Yes _____ No _____

I understand that in accordance with Cedar Rapids Marriott policies, payment in full will be remitted within 30 days following the receipt of the first billing statement of any and all incurred charges. This certifies that above statements are correct. Further that Firm agrees and accepts the credit conditions as stated in attached letter. In the event it becomes necessary for Cedar Rapids Marriott to incur collection costs or institute suit to collect under this agreement or any portion thereof, the undersigned promises to pay such additional collection costs, interests and such sum as the court may adjure reasonable as attorneys fees.

Date _____ Authorized Signature _____

(please see reverse)

As with all businesses, we must establish policies in reference to the extension of credit. Therefore, prior to completing the application form, we ask that you take particular note of the following points:

1. Receipt of a properly completed Credit Application is a prerequisite to the establishment of a direct-billing account. Approximately 10 working days will be required by our accounting staff to process your application.
2. In general, direct-billing privileges are extended only to registered guests of the Hotel. The only major exception to this policy is for charges made in the restaurant, bar, and/or banquet area by groups who have made special arrangements, well in advance, through our Sales Office. The Hotel invites the use of the major credit cards for all other individuals who do not wish to pay cash.
3. Companies that instruct the Hotel to direct-bill them agree to accept responsibility for ALL CHARGES made by their guest or representatives. If the guest requests to pay any portion of the charges, such as food, beverage, or telephone, they may do so but the company accepts full liability for the total unpaid balance.
4. Companies having more than one geographic location, or billing entity, will be responsible for providing the Hotel with complete billing instructions including a purchase order number or department designation when required.

We appreciate this opportunity to be of service to you and invite you to contact us any time we may be of special assistance.