



North Austin Plaza Hotel  
6911 IH 35 North • Austin, TX. 78752  
Toll Free: 800.306.4629 • Phone: 512.617.4900 • Fax: 512.459.9274

**Direct Bill Application**

Legal Business name of Applicant \_\_\_\_\_  
\_\_\_\_\_  
Corporation \_\_\_\_ Partnership \_\_\_\_ Proprietor \_\_\_\_  
Number of Years In Business \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_

**References**

**Trade Reference**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_

**Hotel Or Trade Reference**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Account Number \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
If Hotel, Date of Last Stay \_\_\_\_\_

**Proprietor Section**

Full Name \_\_\_\_\_

Title \_\_\_\_\_

Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Hotel Reference**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Account Number \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_

Date of Last Stay \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Application can be faxed to: 561.886.0316

**Direct Bill**

Direct Bill Amount Requested \$ \_\_\_\_\_

List Any Special Invoicing Requirements:

\_\_\_\_\_

Personnel Authorized To Make Reservations

Name Title Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT AND RELEASE OF AUTHORITY TO VERIFY**

A faxed, signed application would be accepted as an original signed application. I hereby certify (a) I am authorized to sign this application on behalf of the applicant, (b) I understand that the terms of any direct bill granted are due upon receipt and that if no paid in that time the account shall be subject to a finance charge of the lesser of 18% per annum or the maximum amount allowed by law, and (c) the credit be extended pursuant to the agreement will be for business or commercial purposes. Further, I hereby authorize you to obtain the applicant's credit history and the bank and trade reference listed in the application to release information necessary to assist North Austin Plaza Hotel in establishing an account.

Authorized Person Request Credit

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Credit Manager Approval \_\_\_\_\_ Date \_\_\_\_\_