



SCOTTISH INNS & SUITES TIMBER CREEK

16150 Timber Creek Place Ln

Houston, TX 77084

Phone (281) 859-7111

Fax (281) 859-7112

CREDIT APPLICATION FOR DIRECT BILLING

DATE _____

COMPANY/ORGANIZATION INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Contact / Authorized Person _____

Telephone _____ Fax _____

Billing Address (If different from above) _____

City _____ State _____ Zip _____

BANK REFERENCE

Bank _____ Address _____

City _____ State _____ Zip _____

Telephone _____ Account# _____

HOTEL REFERENCES (OTHER CREDIT REFERENCES IF NO HOTELS AVAILABLE)

Name _____ Address _____

City _____ State _____ Zip _____ Contact _____

Telephone _____

Name _____ Address _____

City _____ State _____ Zip _____ Contact _____

Telephone _____

AUTHORIZATION FOR RELEASE OF INFORMATION

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 this 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 terms, and you authorize us to obtain information of the 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. The undersigned agrees he/she will be responsible for all room charges and damages. I further understand that payments for services rendered must be received within 30 days of the billing date, to avoid payment fee.

Signature of company's authorized representative:

X _____ Printed Name _____

TITLE _____ DATE _____

Please, complete entire application and fax to 281-859-7112