



Direct Bill Account - Application Form

Date: _____
Company Name: _____
Account Name: _____
(Name you require on invoices)
Phone / Fax #: _____
E-mail: _____

Please check the property(ies) where you would like to establish direct billing:

☐ **Holiday Inn** ☐ **Hilton Garden Inn**
☐ **Holiday Inn Express** ☐ **SpringHill Suites Marriott**

(Please print clearly all personnel names)

Authorization to Direct Bill Charges for ongoing events, sleeping rooms, catering, & meeting rooms.

Please Bill to this Address:

Department: _____
Attention: _____
Address: _____
City: _____
State / Zip: _____
Phone: _____
Fax: _____
Email: _____

Please check each category approved for this account:

☐ Room & Taxes Only*
☐ Telephone
☐ Restaurant / Bar / Room Service
☐ Banquet Charges*
☐ Parking
☐ All Incidentals
☐ All Charges

***Tax will be charged unless we receive approved tax exemption certificates.**

Preferred Method of Billing: E-mail ☐ Fax ☐ Mail ☐
P.O. Number Required: Yes ☐ No ☐

Please list other names authorized to use this account:

Understand that payment terms are net due in thirty (30) days. Thank You!

Authorized Signature: _____

Title: _____

Print Name: _____

Date: _____

If you have any questions or concerns, please contact the Accounting Department at 706-354-6400.
Please return completed application to the Accounting Department via Email or Fax to 706-363-9945.

