



Econolodge Inn & Suites
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Old Saybrook, CT 06475
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www.EconolodgeOldSaybrook.com

Company Direct Bill Application Form

Trade Name / Company Name: _____

Type of Business: _____

How long in Business: _____ How long at address: _____

If less than one year in state, please provide previous address _____

Company Contact: _____ Phone: _____ email: _____

Accounts Payable Contact: _____ Phone: _____ email: _____

Federal Tax Identification: _____ State Tax Identification Number: _____

Tax Exempt? _____ Yes _____ No

Tax Exempt Number (if applicable): _____

Address: _____ Billing Address: _____

OWNERSHIP: (Check appropriate box, one box only)

() Proprietorship: Owner's Name: _____

Home Address: _____

City / State / Zip: _____

Social Security Number: _____

Home Telephone Number: _____

() Corporation / Partnership / LLC :

State in which Incorporated: _____

Date of Incorporation: _____

Exact Corporate Name (If different from trade name): _____

****ATTACH COPY OF ARTICLES OF INCORPORATION:**

Title	Name	Address	Soc. Sec. No
President			
Vice-President			
Secretary			
Treasurer			

() PARTNERSHIP: Complete the following info for each partner (attach a list, if necessary):

Name(s)			
Soc Sec. No.			
Home Address			
City / State / Zip			
Home Telephone			

COMMERCIAL CREDIT TRADE REFERENCES: (ONE HOTEL REFERENCE REQUIRED)

Name	Complete Address	Telephone	Date

BANK INFORMATION:

BANK NAME: _____

BRANCH ADDRESS: _____

BRANCH CONTACT NAME: _____

ACCOUNT NUMBER(S): _____

*PLEASE ATTACH A VOIDED CHECK.

CREDIT AGREEMENT TERMS AND CONDITIONS

Payment Terms – All invoices are payable upon receipt. Past Due Accounts over 30 days are subject to suspension of billing privileges and 2.5% interest charges every 30 days past due until account has been settled. Signature below constitutes full acceptance of an agreement to pay according to stated items.

Credit Card Back-up: Account No. _____ Exp: _____ CCV # _____

Name as appears Credit Card: _____

Authorized Signature: _____

Credit card will be charged if bill is past due 60 days.

THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND IS VOLUNTARILY PROVIDED TO ASSIST PRAGATI HOTEL, LLC. IN ESTABLISHING A COMMERCIAL CREDIT ACCOUNT FOR THE WITHIN NAMED COMPANY. PRAGATI HOTEL, LLC., OR THEIR AGENT, IS AUTHORIZED TO OBTAIN AND VERIFY CREDIT AND FINANCIAL INFORMATION FROM ANY AND ALL REFERENCES. IT IS EXPRESSLY UNDERSTOOD THAT IF CREDIT IS APPROVED, ALL CHARGES WILL BE PAID ON ALL PAST DUE AMOUNTS, THAT IN THE EVENT OF DEFAULT COLLECTION COSTS AND ATTORNEYS’ FEES WILL BE REIMBIRED TO PRAGATI HOTEL LLC., AND THAT THE COMPANY CONTACT HEREON WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL PRAGATI HOTEL LLC., RECEIVES NOTICE IN WRITING OF SALE OR TERMINATION OF COMPANY OR BUSINESS.

DATE: _____ SIGNED: _____ TITLE: _____

PERSONAL GUARANTEE OF CORPORATE ACCOUNT

AS A CONDITION OF CREDIT BEING EXTENDED TO THE WITHIN NAMED CORPORATION, THE UNDERSIGNED DO(ES) HEREBY PERSONALLY GUARANTEE PAYMENT OF ALL CHARGES UNTIL THIS GUARANTEE HAS BEEN REVOKED IN WRITING BY THAT RESPECTIVE GUARANTOR, AND WRITTEN REVOCATION HAS BEEN RECEIVED BY PRAGATI HOTEL, LLC.

Signed: _____

Home address: _____

City / State / Zip: _____

Phone: _____ Alt Number: _____

Social Security Number: _____

Date signed: _____

APPLICANT UNDERSTANDS THAT IT IS WAIVING ANY RIGHT IT MAY OTHERWISE HAVE HAD TO LITIGATE OUTSIDE THE COUNTY WHERE THE HOTEL ACCOMODATION IS EXTENDED AND CHARGES INCURRED. APPLICATION FOR CREDIT IS HEREBY MADE AND THE ABOVE REFERENCES GIVEN. IT IS UNDERSTOOD THIS INFORMATION WILL BE HELD IN STRICKTEST CONFIDENCE AND USED ONLY BY OUR MANAGEMENT DEPARTMENT.
I AUTHORIZE RELEASE OF INFORMATION TO THIS APPLICATION FROM THE REFERENCED LISTED HEREIN.

SIGNED _____ TITLE: _____ DATE: _____

Hotel Use Only

APPROVED BY: _____ GENERAL MANAGER: _____ DATE: _____