



APPLICATION FOR DIRECT BILLING

Date Completed: ____ / ____ / ____

(Completion of this form does not guarantee credit approval.)

1. NAME: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____

- corporation
- partnership
- individual
- other

Please return to:
 The Boston Park Plaza Hotel & Towers
 Attn:
 50 Park Plaza at Arlington Street
 Boston, MA 02116
 (P) 617-_____
 (F) 617-654-1916

TEL: _____

2. PARENT CO.: Name, City: _____

TEL: _____

3. PRINCIPALS/CORPORATE OFFICERS:

BUSINESS STARTED:

(Name)	(Title)	(Address)

(Telephone)

WHEN & WHERE

INCORPORATED:

Chief Financial Officer:	Head of Accounts Payable:

4. BANK REFERENCE: Name, Branch: _____

Address: _____ Officer: _____

Account Number(s): _____ Telephone: _____

5. HOTEL (1) Name, Location: _____

REFERENCES: Dates _____ Telephone _____

(2) Name, Location: _____

Dates _____ Telephone _____

(3) Name, Location: _____

Dates _____ Telephone _____

6. CREDIT CARD REFERENCE:

(Credit Card)	(Issued To)	(Acct. No.)	(Exp. Date)
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1. BILLING ADDRESS/INSTRUCTIONS: (Please be Specific)

- all hotel charges (attach rooming list)
- room/tax only (attach rooming list)
- banquet functions only
- per attached advice

1. Direct billing requested for:



8. ARRIVAL/FUNCTION DATE: _____ NO. OF ROOMS: _____
 EXPECTED HIGH CREDIT: _____

SIGNATURES REQUIRED ON REVERSE SIDE
 (PLEASE SUPPLY ALL INFORMATION REQUESTED)

MUST BE RETURNED NO LATER THAN 30 DAYS PRIOR TO FUNCTION

I am authorized to obligate the firm, group, or individual named in item 1 to pay for charges incurred at the Hotel. I agree that the entity named in item 1 will pay all amounts due to the Hotel, as evidenced by the account, not later than thirty (30) days after checkout/function date. I understand that a finance charge in the amount of 1.5% per month/18.0% per annum will be applied to delinquent accounts.

I agree that this document shall not be binding on The Boston Park Plaza Hotel & Towers unless and until financial arrangements for settlement of all charges are stated on its face and an authorized signature appears below.

I certify that the above statements and the above information on the previous page of this document are true and correct.

(Date) _____ (Signed) _____
 (Name - Please print) _____
 (Title) _____
 (For) _____

<u>FOR HOTEL USE ONLY:</u>	
SALES MGR _____	CATERING/CONV. MGR. _____
DATE OF EVENT _____	ESTIMATED AMOUNT _____
DATE SENT _____	DATE RETURNED _____
BANK _____	BY _____
HOTEL(1) _____	BY _____
HOTEL(2) _____	BY _____
HOTEL(3) _____	BY _____
DUN & BRADSTREET _____	BY _____
OTHER _____	BY _____
APPROVED _____	DECLINED _____
DATE _____	