

OMNI HOTELS & RESORTS®

Direct Bill Application

Hotel/Resort: _____

Legal Name of Organization: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Group Contact: _____ Telephone Number: _____

Accounting Contact: _____ Telephone Number: _____

Main Phone Number: _____ Federal ID Number: _____

Bills/invoices will be emailed. Please provide email address: _____

Is your company tax exempt? Sales Tax State Occupancy Tax City Occupancy Tax
If so, please attach a copy of the qualified tax exemption form.

Billing Instructions: All charges billed to Master Room & Tax only to Master Individual Pays Own
 Banquet charges only Other _____

Persons authorized to sign charges: _____
(attach additional pages, if needed)

Banking Reference

Name: _____

Account Number: _____ Telephone Number: _____

Dun and Bradstreet Number: _____

LIST HOTEL REFERENCES (The most current)

1. Hotel: _____ Telephone Number: _____

Address: _____

Date of Stay or Function: _____

2. Hotel: _____ Telephone Number: _____

Address: _____

Date of Stay or Function: _____

3. Hotel: _____ Telephone Number: _____

Address: _____

Date of Stay or Function: _____

Omni Hotels and Resorts will accept payment up to \$25,000 on American Express, Diners Club, Discover Card, JCB International, Master Card or Visa. For any amounts greater than \$25,000 a 1.5% convenience fee will be applied. For approved accounts paying by cash, check, ACH or wire transfer, Omni Hotels and Resorts will offer a 1% discount with net 15-day terms. Clients who do not elect the early pay discount must accept 0% net 30 terms.

Payment terms:

Requested Line of Credit: _____

Net 15 ACH, Wire, Cash/Check - 1% discount Net 30 with Credit Card +1.5%
 Net 30 ACH, Wire, Cash/Check - 0% discount

The applicant certifies that all information is correct and authorizes the Hotel/Resort to perform a direct investigation of these references, including standard hotel credit check and agree to hold harmless from any action arising out of the legitimate and proper conduct of those investigations.

The applicant agrees that the legal named group or firm shall pay the amount or amounts due no later than 30 days from the invoice date. All disputed items not paid within the terms listed above will be considered PAST DUE. The Omni Hotel/Resort does impose a finance charge on all past due items in the amount of 1.5% interest per month (18% per year), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees. The applicant understands that failure to pay within these terms may discontinue billing privileges as well as result in collections, and/or reporting to various credit agencies.

By signing below, I certify that I am authorized to release this information and bind the organization named above in this credit transaction. Omni Hotels Management Corporation reserves all rights.

Completed by: _____ Signature: _____

Title: _____ Date: _____

THIS APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE ELIGIBLE FOR BILLING

For Office Use ONLY

Sales/Catering Manager: _____ Date of Function: _____ Estimated Amount of Function: _____

Director of Finance Approval: _____ NSO: _____