105 Alex lane
Charleston WV 25304
304 925 4300 **PHONE**304 925 1500 **FAX**cwvci@thesummitgroupinc.com **EMAIL**www.countryinns.com/charlestonwv_south **WEBSITE**

Nancy Walden, **General Manager**Dale Samples, **Guest Services Manager**

DIRECT BILL CREDIT APPLICATION

Legal Business Name		
Type of Business		
Business Address	City	State Zip
Business Phone ()	Years in Business Cor	poration Partnership Proprietorship
Fax Number ()	Email Address	
Principal's Name	Social Security #	
Home Address	City	State Zip
Business Bank Reference	Contact	ct
Phone ()	Bank Account Number	Type of Account
Trade Reference 1	Contact	Phone ()
Trade Reference 2	Contact	Phone ()
Prior Lodging Direct Bill Loca	<u>itions</u>	
Hotel	City	Dates
Hotel	City	Dates
Hotel	City	Dates
Check which charges the con	npany will pay for:	
Room and tax Meeting space Phone Fax Valet		
time to time as may be need financial institutions the righ amounts due will be paid no	ed in the credit and collection process and t to release information to The Summit G later than thirty(30) days following the b Ild become necessary, the undersigned ag	mer credit report by The Summit Group Inc. from d further authorizes banks, trade references, and Group Inc. The undersigned agrees that all pilling date. Furthermore, in the event third party grees to be responsible for all collection fees,
Signature		

Please fax application to 304.925.1500 Attention: Guest Services Manager