



Best Western Ocean Beach Hotel & Suites and



Days Inn Cocoa Beach Hotels

Direct Billing Application

Please provide the following information on this application to establish credit for direct billing privileges.

Please fax completed application to 321-799-8640 Attn: Sales Dept.

Account Information: (Print or Type)

Business Name: _____

Business Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Principal Contact: _____

Billing Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Accounts Payable Contact: _____

Phone: _____ Fax: _____

Company Officers:

Name: _____ Title: _____

Name: _____ Title: _____

Trade Reference:

Name: _____ Phone: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Contact: _____ Fax: _____

Trade Reference:

Name: _____ Phone: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Contact: _____ Fax: _____



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Trade Reference:

Name: _____ Phone: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Contact: _____ Fax: _____

Bank Reference:

Bank Name: _____ Phone: _____

Address: _____

City: _____ State/Prov: _____ Zip/Postal: _____

Account: _____ Contact _____

Is your company or group tax exempt from the State of Florida? _____ Yes _____ No

If yes, please attach a copy of Florida Certificate of Tax Exemption.

THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO MAKE RESERVATIONS:

Name: _____ Title: _____

Name: _____ Title: _____

Company to be responsible for Guaranteed No-Shows and:

_____ Room charge and tax _____ Incidentals (such as movies, video games)

_____ Telephone charges _____ All charges

_____ Meal Vouchers _____ Other (please specify)

**** SPECIAL BILLING INSTRUCTIONS (Timing of payments, Purchase Order Required, etc.)**

I certify that the above information is true and that I am an authorized representative of the above company. I further understand that all charges are due upon receipt of invoice and that a service charge of 2% will be added to any account thirty days past due. I understand that I am personally liable for any charges the company does not pay.

Name: _____ Title: _____

Name Printed: _____ Date: _____