



**Direct Bill Application**

Date: \_\_\_\_\_

Company name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name and title of accounts payable  
contact: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Company Credit References (Hotels Preferred):**

1: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3:Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Please indicate the type of charges to be billed:**

\_\_\_\_ Room & Tax only      \_\_\_\_ All hotel charges

It is agreed between the hotel and the company requesting credit and affixing his/her signature below, that all charges will be paid upon receipt of invoice. Gokul Inc., of New York is hereby authorized to exchange credit information covering this application and any credit granted as part of the credit investigation process, or any credit update and renewal. The signer(s) agree and warrant that this application is being made expressly for business or commercial purpose.

**A VALID CREDIT CARD MUST BE ON FILE IN ORDER TO COMPLETE THE DIRECT BILL ACCOUNT.**

Credit Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on card: \_\_\_\_\_

By signing this direct bill application, you are authorizing the Quality Inn & Suites to charge this credit card if payment is not received within 60 days of invoice. If for any reason payment is not made, your company will be responsible with all costs associated with obtaining payment.

By signing this application does not constitute authorization for direct billing. We will notify you upon acceptance.

**Signature and Title of Authorized Officer:**

---

Date: \_\_\_\_\_

Quality Inn & Suites

114 Route 28 Kingston, NY 12401

845-339-3900

Email: GM.NY306@CHOICEHOTELS.COM

