



Kozy Inn
3910 South High St.
Columbus, Ohio 43207
Phone 614-409-1373
Fax 614-409-1643

APPLICATION for CREDIT

Amount of Credit Requested: _____

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

TERMS AND CONDITIONS

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The enclosed information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the Hotel to investigate the references listed pertaining to my/our credit and financial responsibility. The undersigned further warrants his/her authority to enter into this application on behalf of his/her company/organization.
2. The undersigned Purchaser agrees that invoices provided at time of departure represents the billing document. Payment terms are net 30 days from the date the invoice is provided. The Purchaser is responsible to mail or deliver payment for invoices.
3. The Purchaser agrees to pay a service charge of \$50 for all checks returned by Purchaser's bank.
4. Purchaser agrees, in the event that the account becomes delinquent and is turned over for collection, to pay the sum of twenty-five percent (25%) of the outstanding balance due on the Purchaser's account for reasonable legal and/or collection fees plus all other reasonable expenses incurred in exercising any other rights or remedies upon default.
5. Credit terms may be withdrawn or changed at any time without notice.

_____ Signature

I am legally authorized to bind and obligate this organization to satisfy liabilities

Print Name: _____

Title: _____

Date: _____

Kozy Inn
3910 South Hight St.
Columbus, Ohio 43207

Amount of Credit Requested: _____

APPLICATION for CREDIT

This form is required in order to extend credit to you or your organization. It must be filled out completely and legibly.

GENERAL INFORMATION

Company Name: _____ Organization Name: _____
Date Established: _____ Corporation/Partnership/Proprietorship/Agency or Organization
(circle one)

BILLING ADDRESS

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact: _____

BANKING INFORMATION

Bank Name: _____ Address: _____
Checking Account #: _____ City: _____ State: _____
Loan Account #: _____ Zip Code: _____
Contact Name: _____ Phone #: _____
Credit Card Type & Number: _____ Expiration Date: _____

HOTEL REFERENCES

OTHER REFERENCES

1 Hotel Name:	4 Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
2 Hotel Name:	5 Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Dates:
3 Hotel Name:	6 Hotel Name:
Address:	Address:
Contact:	Contact:
Telephone:	Telephone:
Event Dates:	Event Dates:

Thank you for completing this Direct Billing Request Form. In Order for us to properly service your request, please return, this form to the attention of _____ no later _____

Kozy Inn
 3910 South High St.
 Columbus, Ohio 43207

**INFORMATION PAGE
 APPLICATION for CREDIT**

VERIFICATION AND APPROVAL

This information was verified by: _____ Date: _____

This application was provided to GM by: _____ Date: _____

Applicant credit rating (circle one): _____ Prime/Good/Cash Only

Reason Extension of Credit accepted/rejected: _____

Amount of Credit Approved: _____ Date: _____

GM authorized signature: _____ Date: _____

VERIFICATION OF REFERENCES

1 Credit extended:	4 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
2 Credit extended:	5 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:
3 Credit extended:	6 Credit extended:
Terms:	Terms:
Outstanding balances:	Outstanding balances:
Are balances current?	Are balances current?
Rating:	Rating:
Comments of Events:	Comments:

VERIFICATION and APPROVAL PAGE